Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	☐ Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
your g	Write the name that is on your government-issued picture identification (for example, your driver's	<b>Levan</b> First name	First name
	license or passport).	Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.	Bregadze Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	,	
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1473	

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 2 of 73

2/03/20 7:17PM

Debtor 1 Levan Bregadze Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)  EINs	☐ I have not used any business name or EINs.  Business name(s)  EINs
5.	Where you live	4149 Lake Lynn Drive, Apt 305	If Debtor 2 lives at a different address:
		Raleigh, NC 27613  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Wake County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 3 of 73

Case number (if known)

2/03/20 7:17PM

7.	The chapter of the Bankruptcy Code you are			orief description of ea go to the top of page			by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy riate box.		
	choosing to file under	☐ Chapter 7 ☐ Chapter 11							
		□ Chapt							
		■ Chapt							
8.	How you will pay the fee	abo ord	out how yo	u may pay. Typically attorney is submitting	, if you are paying	the fee yourself,	you may pay with cash	r local court for more details n, cashier's check, or money h a credit card or check with	
				the fee in installme		this option, sign	and attach the Applica	ation for Individuals to Pay	
		☐ I re	quest tha	t my fee be waived uired to, waive your f	(You may request ee, and may do so	only if your inco	me is less than 150%	oter 7. By law, a judge may, of the official poverty line that	
							ments). If you choose m 103B) and file it with	this option, you must fill out your petition.	
9.	Have you filed for	□ No.							
	bankruptcy within the last 8 years?	Yes.							
		<b>—</b> 103.	District	MD	When	4/27/17	Case number	17-15881-RAG	
			District	MD	When	7/2////	Case number	17-13001-1140	
			District		When		Case number		
10.	Are any bankruptcy	■ No							
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor				Relationship to y	/ou	
			District		When		Case number, if	known	
			Debtor				Relationship to y	/ou	
			District		When		Case number, if	known	
	11. Do you rent your □ No Go to line 12.								
11.	Do you rent your	□ No.	GO IO II						
11.	Do you rent your residence?	□ No. ■ Yes.		ur landlord obtained	an eviction judgme	ent against you?			
11.		_		ur landlord obtained No. Go to line 12.	an eviction judgme	ent against you?			

Debtor 1 Levan Bregadze

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 4 of 73

Case number (if known)

2/03/20 7:17PM

	t 3: Report About Any Bu	311103303	1 Ou OWI	n as a Sole Proprietor
12.	Are you a sole proprietor of any full- or part-time business?	□ No.	Go to	Part 4.
		Yes.	Name	e and location of business
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any
	If you have more than one sole proprietorship, use a			0 0
	separate sheet and attach			ber, Street, City, State & ZIP Code
	it to this petition.			sk the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as defined in 11 U.S.C. § 101(53A))
				Commodity Broker (as defined in 11 U.S.C. § 101(6))  None of the above
				Notice of the above
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline	s. If you in ns, cash-f S.C. 1116	
	For a definition of small	No.	I amı	not filing under Chapter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am t Code	filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am f	filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	/ Hazardo	ous Property or Any Property That Needs Immediate Attention
	Do you own or have any	■ No.		
14.	property that poses or is			
14.	alleged to pose a threat	☐ Yes.		
14.	alleged to pose a threat of imminent and identifiable hazard to public health or safety?	⊔ Yes.	What is	the hazard?
14.	alleged to pose a threat of imminent and identifiable hazard to	⊔ Yes.	If immed	the hazard?  diate attention is , why is it needed?
14.	alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs	⊔ Yes.	If immediately independent in the second in	diate attention is

Debtor 1 Levan Bregadze

2/03/20 7:17PM

Debtor 1 Levan Bregadze

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 6 of 73 Pag

Deb	tor 1 Levan Bregadze			Case number (if known)					
Par	t 6: Answer These Quest	ions for Re	eporting Purposes						
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."						
			☐ No. Go to line 16b.						
			Yes. Go to line 17.						
		16b.	<b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you	owe that are not consumer	r debts or business	debts			
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapt	er 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and	are paid that funds will be available to distribute to unsecured creditors?  ded and penses							
	administrative expenses		□ No	debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an primarily for a personal, family, or household purpose."  To to line 16b.  So to line 17.  The debts primarily business debts? Business debts are debts that you incurred to obtain a business or investment or through the operation of the business or investment.  To to line 16c.  To to line 17.  The debts primarily business debts? Business debts are debts that you incurred to obtain a business or investment.  To to line 16c.  The debts primarily business debts? Business debts are debts that you incurred to obtain a business or investment.  The debts primarily business debts? Business debts are debts that you incurred to obtain a business or investment.  The debts primarily business debts? Business debts are debts that you incurred to obtain a business or investment.  The debts primarily business debts? Business debts are debts that you incurred to obtain a business or investment.  The debts primarily business debts? Business debts are debts that you incurred to obtain a business or investment.  The debts primarily business debts? Business debts are debts that you incurred to obtain a business or investment.  The debts primarily business debts? Business debts are debts that you incurred to obtain a business or investment.  The debts primarily business debts? Business debts are debts that you incurred to obtain a business or investment.  The debts primarily business debts are debts that you incurred to obtain a business or investment.  The debts primarily business debts are debts that you incurred to obtain a business or investment.  The debts primarily business debts are debts that you incurred to obtain a business or investment.  The debts primarily business debts are debts that you incurred to obtain a business or investment.  The debts primarily business debts are d					
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes			ebts that you incurred to obtain business or investment.  siness debts  property is excluded and administrative expenses itors?    25,001-50,000			
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99		<b>5001-10,000</b>		<b>5</b> 0,001-100,000			
		☐ 100-19 ☐ 200-99		□ 10,001-25,000		□ More marriou,000			
19.			50,000 01 - \$100,000 001 - \$500,000	<b>1</b> \$10,000,001 - \$	\$50 million	☐ \$1,000,000,001 - \$10 billion			
			001 - \$1 million	□ \$100,000,001 -	\$500 million	☐ More than \$50 billion			
20.	How much do you sestimate your liabilities								
	to be?	□ \$100,0	01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$	\$100 million	business or investment.  iness debts  property is excluded and administrative expenses ors?    25,001-50,000			
Par	t 7: Sign Below								
	you	I have ex	amined this petition, and I d	leclare under penalty of perj	jury that the informa	ation provided is true and correct.			
						an attorney to help me fill out this			
		I request	relief in accordance with the	e chapter of title 11, United	States Code, specif	ied in this petition.			
		bankrupto and 3571	cy case can result in fines u						
		Levan E	Bregadze of Debtor 1	S	ignature of Debtor 2	2			
		Executed	on February 3, 2020 MM / DD / YYYY	E	xecuted on MM /	DD / YYYY			

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 7 of 73

2/03/20 7:17PM

Debtor 1 Levan Bregadze Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ William G. Berggren Signature of Attorney for Debtor	Date	February 3, 2020 MM / DD / YYYY
William G. Berggren 18675 Printed name Berggren Law Offices, PLLC		
P.O. Box 18306 Raleigh, NC 27619 Number, Street, City, State & ZIP Code		
Contact phone (919) 875-8773  18675 NC  Bar number & State	Email address	wgb@raleighbankruptcy.com

Fill in this infor	mation to identify your	case:		
Debtor 1	Levan Bregadze			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F NORTH CAROLINA	
Case number _				☐ Check if this is an
				amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	21,965.39
	1c. Copy line 63, Total of all property on Schedule A/B	\$	21,965.39
Par	t2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	27,531.39
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	290.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	28,642.54
	Your total liabilities	\$	56,463.93
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,985.50
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,868.66
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
	■ Yes		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

2/03/20 7:17PM

Debtor 1 Levan Bregadze

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,211.59

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	290.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	290.00

2/03/20 7:17PM

								2/03/20 7:17PI
Fill in t	his info	ormation to identify	your case a	nd this filing:				
				<u> </u>				
Debtor	1	Levan Brega	ndze	Middle Name	Last Name			
Debtor	2	i iist ivaille		Middle Name	Lastivallie			
(Spouse,		First Name		Middle Name	Last Name			
United :	States I	Bankruptcy Court for	the: EAST	ERN DISTRICT O	F NORTH CAROLINA			
Case no	umber							Check if this is an
								amended filing
Offic	ial F	orm 106A/B	3					
			-					40/45
		ile A/B: Pi						12/15
think it fi	ts best. ion. If m	Be as complete and a ore space is needed,	accurate as po	ssible. If two marri	once. If an asset fits in more than on ed people are filing together, both are m. On the top of any additional page	e equally responsible for	supply	ing correct
Part 1:	Describ	oe Each Residence, B	uilding, Land,	or Other Real Estate	e You Own or Have an Interest In			
1. <b>Do yo</b>	u own o	or have any legal or eq	uitable interes	st in any residence,	building, land, or similar property?			
■ No	. Go to F	Part 2						
_		e is the property?						
<b>—</b> 16.	s. Wilei	e is the property:						
Part 2:	Docoril	oe Your Vehicles						
i ait 2.	Descri	Je Tour Vernicles						
	, vans,	trucks, tractors, sp	·	•	ule G: Executory Contracts and Un	<i></i>		
						Do not dodust coourse	d alaims	or everntions But
	Make:	Jeep		_	rest in the property? Check one	Do not deduct secured the amount of any sec	ured cla	aims on Schedule D:
	Model:	Cherokee		Debtor 1 only		Creditors Who Have C	laims S	Secured by Property.
	Year: Approvin	2019	12 940	Debtor 2 only	2.1.	Current value of the entire property?		urrent value of the
		nate mileage: ormation:	13,840	☐ Debtor 1 and I	Debtor 2 only  f the debtors and another	entire property?	pc	ortion you own?
-	atitud			At least one of	the debiors and another			
-				Check if this	is community property	\$20,000.00	<u> </u>	\$20,000.00
				(223	,			
	ples: Bo				nal vehicles, other vehicles, and ssels, snowmobiles, motorcycle ac			
					ntries from Part 2, including any			\$20,000.00
		be Your Personal and			a fallanda a Harra O			
Do you	i own o	r have any legal or	equitable in	terest in any of th	e rollowing items?		<b>port</b> Do r	rent value of the ion you own? not deduct secured ns or exemptions.

Official Form 106A/B Schedule A/B: Property page 1

Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50

Official Form 106A/B Schedule A/B: Property page 2

Case 20-00475-5-DMW

Page 11 of 73

2/03/20 7:17PM

Debtor 1 Lev	an Bregadze		Case number (if known)	Case number (if known)			
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have for Part 3. Write that number here				\$1,165.00			
Part 4: Describe	Your Financial Asset	ts					
			any of the following?	Current value of the portion you own?  Do not deduct secured claims or exemptions.			
□ No		•	me, in a safe deposit box, and on hand when you file your petitio	n			
			Cash	\$0.00			
17. Deposits of Examples: C ir No	Checking, savings, on stitutions. If you ha	r other financial acco ve multiple accounts	ounts; certificates of deposit; shares in credit unions, brokerage has with the same institution, list each.  Institution name:	ouses, and other similar			
	17.1.	Savings	Credit Karma	\$5.03			
	17.2.	Checking	PayPal	\$0.00			
	17.3.	Checking	Wells Fargo account to pay ex-wife alimony	\$791.24			
	17.4.	Checking	Go Bank	\$0.02			
	17.5.	Checking	Capital One	\$4.10			
	17.6.		VINMO	\$0.00			
			okerage firms, money market accounts				
19. Non-publicly joint ventur		interests in incorpo	orated and unincorporated businesses, including an interest	in an LLC, partnership, and			
■ No □ Yes. Give		about them me of entity:	 % of ownership:				
Negotiable ii Non-negotia ■ No	and corporate bo	nds and other negor personal checks, cash those you cannot tran	tiable and non-negotiable instruments hiers' checks, promissory notes, and money orders. nsfer to someone by signing or delivering them.				

Official Form 106A/B Schedule A/B: Property

Issuer name:

page 3

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 13 of 73 Debtor 1 Levan Bregadze Case number (if known) 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Yes. List each account separately. Type of account: Institution name: 401(k) Approximately \$3,000 (Approx. \$7.00 has vested. All money paid into this account is from employer contributions. (Not Property \$0.00 of the Estate). 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Yes. Give specific information about them... \$0.00 FINRA Ser. 66 and 7 Licenses Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information......

### 30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

Schedule A/B: Property

No

☐ Yes. Give specific information..

2/03/20 7:17PM

De	Levan Bregadz	e	Case number (if known)	
31.	Interests in insurance pol	icies		
	Examples: Health, disabilit	y, or life insurance; health savings account (HSA	A); credit, homeowner's, or renter's insuranc	е
	□ No			
	Yes. Name the insurance	company of each policy and list its value.	Daniel Carre	0
		Company name:	Beneficiary:	Surrender or refund value:
		Life Insurance Policy \$250,000	Friend	Unknown
		Health	<u> </u>	\$0.00
		Dental		\$0.00
		Vision	<u> </u>	\$0.00
		LTD		\$0.00
		Auto Insurance		\$0.00
		Rental Insurance		\$0.00
		STD	<u> </u>	\$0.00
		Legal Insurance		\$0.00
	A to 4 4 to			
32.		nat is due you from someone who has died f a living trust, expect proceeds from a life insura	ance policy, or are currently entitled to recei	ve property because
	someone has died.			
	■ No			
	☐ Yes. Give specific inform	nation		
33.	Claims against third parti	es, whether or not you have filed a lawsuit or	made a demand for payment	
	Examples: Accidents, emp	loyment disputes, insurance claims, or rights to		
	■ No			
	☐ Yes. Describe each clain	n		
34.	_	quidated claims of every nature, including co	ounterclaims of the debtor and rights to	set off claims
	■ No			
	☐ Yes. Describe each clain	n		
35.	Any financial assets you	did not already list		
	<ul><li>■ No</li><li>□ Yes. Give specific inform</li></ul>	action		
	☐ Yes. Give specific inform	lation		
36		all of your entries from Part 4, including any e		\$800.39
	tor Part 4. Write that nur	nber here		——————————————————————————————————————
Pa	rt 5: Describe Any Business-	Related Property You Own or Have an Interest In. L	ist any real estate in Part 1.	
		or equitable interest in any business-related prope	-	
_	No. Go to Part 6.	o. oquitable interest in any business-related prope	· · · y ·	
_	Yes. Go to line 38.			

Official Form 106A/B Schedule A/B: Property page 5

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 15 of 73 Debtor 1 Levan Bregadze Case number (if known) Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$20,000.00 57. Part 3: Total personal and household items, line 15 \$1,165.00 58. Part 4: Total financial assets, line 36 \$800.39 59. Part 5: Total business-related property, line 45 \$0.00

\$0.00

\$0.00

Copy personal property total

\$21,965.39

Official Form 106A/B Schedule A/B: Property page 6

60. Part 6: Total farm- and fishing-related property, line 52

Total personal property. Add lines 56 through 61...

Total of all property on Schedule A/B. Add line 55 + line 62

Part 7: Total other property not listed, line 54

61.

\$21,965.39

\$21,965.39

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 16 of 73

2/03/20 7:17PM

Fill in this infor	mation to identify your	case:			
Debtor 1	Levan Bregadze				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		EASTERN DISTRICT C	F NORTH CAROLINA		
Case number _					de Malada da la la
(II KHOWH)				_	ck if this is an nded filing

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identif	y the Propert	y You Claim	as Exempt
-----------------	---------------	-------------	-----------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
2019 Jeep Cherokee 13,840 miles Latitude	\$20,000.00		\$3,500.00	N.C. Gen. Stat. § 1C-1601(a)(3)	
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit		
See Local Form C	\$625.00		\$625.00	N.C. Gen. Stat. § 1C-1601(a)(4)	
Line IIoiii Schedule AVD. 4.1			100% of fair market value, up to any applicable statutory limit		
See Local Form C Line from Schedule A/B: 7.1	\$300.00		\$300.00	N.C. Gen. Stat. § 1C-1601(a)(4)	
Ellie IIoili ochedale A.B. TT			100% of fair market value, up to any applicable statutory limit		
See Local Form C Line from Schedule A/B: 8.1	\$15.00		\$15.00	N.C. Gen. Stat. § 1C-1601(a)(4)	
Ellie II oli ochedale 24 B. G. 1			100% of fair market value, up to any applicable statutory limit		
See Local Form C Line from Schedule A/B: 11.1	\$200.00		\$200.00	N.C. Gen. Stat. § 1C-1601(a)(4)	
Elito II olii Soriodalo PVD.			100% of fair market value, up to any applicable statutory limit		

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 17 of 73

Debtor	1 Levan Bregadze			Case number (if known)	<u> </u>	
	ief description of the property and line on hedule A/B that lists this property	Current value of the portion you own	Am	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	ee Local Form C ne from Schedule A/B: 12.1	\$25.00		\$25.00	N.C. Gen. Stat. § 1C-1601(a)(4)	
<b>L</b> III	io non ochedale 742. 12.1			100% of fair market value, up to any applicable statutory limit		
	avings: Credit Karma	\$5.03		\$5.03	N.C. Gen. Stat. § 1C-1601(a)(2)	
LII	ie irom Scriedule A/B. 17.1			100% of fair market value, up to any applicable statutory limit		
	necking: Wells Fargo account to	\$791.24		\$791.24	N.C. Gen. Stat. § 1C-1601(a)(2)	
-	ne from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit		
	necking: Go Bank	\$0.02		\$0.02	N.C. Gen. Stat. § 1-362	
LIII	ie iioiii <i>Scriedule Arb.</i> 17.4			100% of fair market value, up to any applicable statutory limit		
	necking: Capital One	\$4.10		\$4.10	N.C. Gen. Stat. § 1-362	
LII	ie irom <i>Scriedule A/B.</i> 17.3			100% of fair market value, up to any applicable statutory limit		
	e you claiming a homestead exemption ubject to adjustment on 4/01/22 and every No Yes. Did you acquire the property cove No Yes	3 years after that for ca	ases fi	,	,	

Form	6	Sch	C	- Local	F	orm 2	)

In re	Levan Bregadze		Case No.
		Debtor(s).	(If known)

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

I,	Levan Bregadze	claim the following property as exempt pursuant to 11 USC 522(b)(2)(A) and (B) and
the laws of the	State of North Carolina	, and non-bankruptcy Federal law: (Attach additional sheets if necessary)

1. NCGS 1C-1601(a)(1) (NC Const., Article X, Section 2) **REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT** (exemption not to exceed \$35,000.00 per debtor; however, an unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in the property not to exceed \$60,000 in value so long as the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner, if a child use initials only, of the property below).

Debtor's Age: \_\_\_\_\_ Name of Former Co-owner: \_

Description of Property & Address	Market Value	D1, D2, J	Mtg. Holder or Lien Holder	Amt. Mtg. or Lien	Net Value	Value Claimed Exempt
None						
	0.00					

2. NCGS 1C-1601(a)(3) **MOTOR VEHICLE** (exemption in one vehicle (per debtor) not to exceed \$3,500.00 per debtor)

Model, Year Style of Auto	Market Value	D1, D2, J	Lien Holder	Amt. Lien	Net Value	Value claimed as Exempt
2019 Jeep Cherokee 13,840 miles Latitude	20,000.00	D1	Chrylser Capital	27,531.39	0.00	3,500.00

**VALUE OF MOTOR VEHICLE CLAIMED AS EXEMPT:** 

3,500.00

3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) **PERSONAL OR HOUSEHOLD GOODS** (net value not to exceed \$5,000.00 per debtor plus \$1,000.00 for first four dependents)

The number of d	ependents fo	or ex	0	<u> -</u>	
All Items are	_ Joint (J),	Χ	_ Husband (D1), or	\	Vife (D2), unless otherwise noted below

Description of Property	Market Value	D1, D2, J	Lien Holder	Amt. Lien	Net Value	Claimed as Exempt
Clothing & personal	200					200
Kitchen appliances	75					75
Stove						
Refrigerator						
Freezer						
Washing Machine						
Dryer						
China						
Silver						
Jewelry	25					25
Living Room Furniture	300					300
Den Furniture						
Bedroom Furniture	200					200
Dining Room Furniture						
Lawn Furniture						
Television(s)	100					100
() Stereo () Radio						
() VCR/DVD () Video Camera						
Other Audio Equipment						
Computer & Accessories	200					200
Musical Instruments						
( ) Piano ( ) Organ						
Air Conditioner						
Paintings/Art						
Books	15					15

Other Collections (CD's, Tapes, Etc.)					
Lawn Mower					
Yard Tools					
Power Tools					
Other Tools					
Crops					
Recreational Equipment					
Firearms (used for household protection)					
Other Household Goods, Supplies & Furnishings	50				50
Other Personal Items & Possessions					
Other Miscellaneous Items, Specify:					
		VAL	UE CLAIMED	AS EXEMPT:	1,165.00

4. N.C.G.S. 1C-1601(a)(5) **TOOLS OF TRADE** (total net value not to exceed \$2,000.00 in value per debtor)

Description	Market Value	D1, D2, J	Lien Holder	Amt. Lien	Net Value	Net Value
VALUE CLAIMED AS EXEMPT:						0.00

5. NCGS 1C-1601(a)(6) **LIFE INSURANCE** (NC Const., Article X, Section 5)

Company/ Description	Insured	Policy Number	Beneficiary	Cash Value

0.	. 1	NCGS IC-1001(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS (Debtor of Debtor's
Dependents, no lir	mit on v	ralue)

Description		

# 7. NCGS 1C-1601(a)(8) **COMPENSATION FOR PERSONAL INJURY OR DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. COMPENSATION NOT EXEMPT FROM RELATED LEGAL, HEALTH OR FUNERAL EXPENSE.**

Description	Source of Compensation, including name (if child, initials only) and last four Didgits of Account Number of any Disability Policy or Annuity

8. NCGS 1C-1601(a)(2) **ANY PROPERTY** (Debtor's aggregate interest in any property is not to exceed \$5,000 in value of any unused exemption amount to which the debtor is entitled under NCGS 1C-1601(a)(1)).

Description	Market Value	D1, D2, J	Lien Holder	Amt. Lien	Net Value	Value Claimed As Exempt
Savings: Credit Karma	5.03	D1	None	N/A	5.03	5.03
Checking: Wells Fargo account to pay ex-wife alimony	791.24	J	None	N/A	791.24	791.24
						796.27

THE DEBTOR(S) RESERVES THE USE OF ANY EXEMPTION OVER AND ABOVE THE AMOUNT CLAIMED UP TO THE AMOUNT ALLOWABLE BY LAW FOR USE IN CLAIMING ANY INADVERTENT OMISSION OR FOR ERRORS IN VALUATION.

9. NCGS 1C-1601(a)(9) and 11 U.S.C. §522 INDIVIDUAL RETIREMENT PLANS & RETIREMENT FUNDS as described in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in §\$408A of the Internal Revenue Code, individual retirement annuities as described in §408(b) of the Internal Revenue Code, accounts established as part of a trust described in §408(c) of the Internal Revenue Code, and funds in an account exempt from taxation under §401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdividion, "Internal Revenue Code" means Code as defined in G.S. 105-205-228.90.

Type of Account	Location of Account	Last 4 digits of Account No.

10. NCGS 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN as qualified under § 529 of the internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. §§541(b)(5)-(6), (e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, the contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exempt applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

College Savings Plan	Last 4 Digits of Account No.	Value	Initials of Child Benficiary

11. NCGS 1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENTAL UNITS OF OTHER STATES (The Debtor's interest is exempt only to the extent that theses benefits are exempt under the laws of the state or governmental unit under which the benefit plan is established).

Name of Retirement Plan	State or Governmental Unit.	Last Four Digits of Identifying Number

12. NCGS 1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor).

Type of Support	Amount	Location of Funds

13. **TENANCY BY THE ENTIRETY.** The following property is claimed as exempt pursuant to 11 USC 522 and the law of the State of North Carolina pertaining to property held as tenants by the entirety.

Description of Property & Address	Market Value	Lien Holder	Amount of Lien	Net Value	
	VALUE OF E	NTIRETIES PROPERTY C	LAIMED AS EXEMPT:	(	0.00

### 14. NORTH CAROLINA PENSION FUND EXEMPTIONS:

		Amount
a.	North Carolina Local Government Employees Retirement benefits NCGS 128-31	
b.	North Carolina Teachers and State Employees Retirement benefits NCGS 135-9	
c.	Firemen's Relief Fund pensions NCGS 58-86-90	
d.	Fraternal Benefit Society benefits NCGS 58-24-85	
e.	Benefits under the Supplemental Retirement Income Plan for teachers and state employees are exempt from levy, sale, and garnishment NCGS 135-95	
f.	Benefits under the Supplemental Retirement Income Plan for state law enforcement officers are exempt from levy, sale, and garnishment NCGS 143-166.30(g)	
	TOTAL PROPERTY CLAIMED AS EXEMPT:	0.00

### 15. OTHER EXEMPTIONS CLAIMED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA:

a.	Aid to the Aged, Disabled and Families with Dependent Children NCGS 108A-36	Amount
b.	Aid to the Blind NCGS 111-18	
C.	Yearly Allowance for Surviving Spouse NCGS 30-15	
d.	Workers Compensation benefits NCGS 97-21	
e.	Unemployment benefits, so long as not commingled and except for debts for necessities purchased while unemployed NCGS 96-17	
f.	Group insurance proceeds NCGS 58-58-165	
g.	Partnership property, except on a claim against the partnership NCGS 59-55	
h.	Wages of debtor necessary for support of family NCGS 1-362	4.12
i.	Benefits under the Separate Insurance Benefits Plan for state and local law enforcement officers are exempt from levy, sale, and garnishment NCGS 143-166.60(h)	

j. Vested benefits under the North Carolina Public Employee Deferred Compensation Plan are exempt from levy, sale, and garnishment NCGS 147-9.4	
VALUE OF PROPERTY CLAIMED AS EXEMPT:	4.12

### 16. **FEDERAL PENSION FUND EXEMPTIONS**

		Amount
a.	Foreign Service Retirement and Disability Payments. 22 USC 4060	
b.	Civil Service Retirement benefits 5 USC 8346	
C.	Railroad Retirement Act annuities and pensions 45 USC 231m	
d.	Veterans benefits 38 USC 5301	
e.	Special pension paid to winners of Congressional Medal of Honor 38 USC 1562	
f.	Annuities payable for service in the General Accounting Office 31 USC 776	
	TOTAL PROPERTY CLAIMED AS EXEMPT:	0.00

### 17. OTHER EXEMPTIONS CLAIMED UNDER NONBANKRUPTCY FEDERAL LAW

		Amount
a.	Social Security benefits 42 USC 407	
b.	Injury or death compensation payments from war risk hazards 42 USC 1717	
C.	Wages owing a master or seamen, exempt for support of a spouse and/or minor children 46 U.S.C. 11109	
d.	Longshoremen and Harbor Workers Compensation Act death and disability benefits 33 USC 916	
e.	Crop insurance proceeds 7 U.S.C. 1509	
f.	Public Safety officers' death benefits 42 U.S.C. 3796 (see subsection (g))	
g.	Railroad unemployment insurance 45 U.S.C. 352 (see subsection (e))	
	TOTAL PROPERTY CLAIMED AS EXEMPT:	0.00

# 18.a. THE FOLLOWING TANGIBLE PERSONAL PROPERTY WAS PURCHASED BY THE DEBTOR WITHIN 90 DAYS OF THE FILING OF THE BANKRUPTCY PETITION:

Description	Market Value	Lien Holder	Amount of Lien	Net Value

18.b. List any tangilbe personal property from 18(a) that is directly traceable to the liquidation or conversion of property that may be exempt and that was not acquired by transferring or using additional property.

Description of Replacement Property	Description of Property liquidated or Converted that May be Exempt

### 19. THE DEBTOR'S PROPERTY IS SUBJECT TO THE FOLLOWING CLAIMS:

a.	Of the United States or its agencies as provided by federal law
b.	Of the State of North Carolina or its subdivisions for taxes, appearance, or fiduciary bonds
C.	Of a lien by a laborer for work done and performed for the person claiming the exemption. But only as to the specific property affected.
d.	Of a lien by a mechanic for work done on the premises, but only as to the specific property affected.
e.	For payment of obligations contracted for the purchase of specific property
f.	For contractual security interests in specific property affected; provided, that the exemptions shall apply to the debtor's household goods notwithstanding any contract for a nonpossessory, nonpurchase money security interest in any such goods.
g.	For statutory liens, on the specific property affected, other than judicial liens
h.	For child support, alimony, or distributive award order pursuant to Chapter 50 of the General Statutes of North Carolina.

Claimant	Nature of Claim	Amt. of Claim	Description of Property	Value of Property	Net Value

None of the property listed in paragraph 15 has been included in this claim of exemptions. None of the claims listed in paragraph 16 is subject to this claim of exemptions.

DATE:

/s/ Levan Bregadze Levan Bregadze , Debtor

# UNSWORN DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF INDIVIDUAL TO SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

	penalty of perjury that I have read the foregoing Schedule Cand that they are true and correct to the best of my knowledge,
Executed on:	/s/ Levan Bregadze Levan Bregadze , Debtor

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 27 of 73

					•	2/03/20 7:17PM
Fill in this informa	tion to identify you	ır case:				
Debtor 1	Levan Bregadze	a				
	First Name	Middle Name Last Na	me			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Na	me			
United States Bank	ruptcy Court for the	EASTERN DISTRICT OF NORTH CAR	ROLINA			
Case number					☐ Chec	k if this is an
,					_	ided filing
Official Form	106D					
		Who Have Claims Cas	اء ۔ ۔	h. Duanant		4044
Schedule L	): Creditors	Who Have Claims Secu	<u>irea</u>	by Propert	<u>y                                    </u>	12/15
		If two married people are filing together, both				
number (if known).	additional Page, fill it	out, number the entries, and attach it to this fo	rin. On ti	ne top of any addition	iai pages, write your na	ame and case
1. Do any creditors ha	ave claims secured b	y your property?				
□ No. Check the property of the property o	nis box and submit t	his form to the court with your other schedul	les. You	have nothing else t	o report on this form.	
Yes. Fill in a	II of the information	below.				
Part 1: List All S	Secured Claims					
2. List all secured cla	aims. If a creditor has	more than one secured claim, list the creditor sepa	arately	Column A	Column B	Column C
		s a particular claim, list the other creditors in Part 2 cal order according to the creditor's name.	2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Chrysler Ca	apital	Describe the property that secures the claim	ı:	\$27,531.39	\$20,000.00	\$7,531.39
Creditor's Name		2019 Jeep Cherokee 13,840 miles				
Attn: Office		Latitude				
PO Box 961 Fort Worth,		As of the date you file, the claim is: Check all t	hat			
76161-1278		apply.  Contingent				
Number, Street, C	ity, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt	? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		■ An agreement you made (such as mortgage	or secure	ed		
Debtor 2 only		car loan)				
Debtor 1 and Debt	tor 2 only	Statutory lien (such as tax lien, mechanic's li	ien)			
At least one of the	debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this clair community debt		Other (including a right to offset)	ase Mo	ney Security		
Date debt was incurr	red 10/2019	Last 4 digits of account number	818			
	=	column A on this page. Write that number here	:	\$27,53		
Write that number	• •	the dollar value totals from all pages.		\$27,53	1.39	

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 28 of 73

	00.00 = 0						2/03/20 7:17PM
Fill	in this inforn	nation to identify your o	ase:				
Deb	otor 1	Levan Bregadze					
		First Name	Middle Name	Last Name	_		
	otor 2						
(Spo	use if, filing)	First Name	Middle Name	Last Name			
Uni	ted States Ba	nkruptcy Court for the:	EASTERN DISTRIC	T OF NORTH CAROLINA			
Coo	o numbor						
	se number 					☐ Check	if this is an
						amend	ed filing
~ "	· · . –	4005/5					
	icial Forn						
Sc	hedule E	/F: Creditors W	ho Have Unse	cured Claims			12/15
Sche left. / name	edule D: Credite Attach the Con e and case nun	ors Who Have Claims Secu atinuation Page to this page mber (if known).	red by Property. If mor e. If you have no inform	m 106G). Do not include any cre e space is needed, copy the Par ation to report in a Part, do not	t you need, fill it out, r	number the entries in	the boxes on the
		II of Your PRIORITY Un					
1.	_ `	ors have priority unsecured	I claims against you?				
	No. Go to P	art 2.					
	Yes.						
	identify what typ possible, list the	pe of claim it is. If a claim ha	s both priority and nonpri r according to the credito	an one priority unsecured claim, li ority amounts, list that claim here a r's name. If you have more than tw r creditors in Part 3.	and show both priority a	nd nonpriority amount	s. As much as
	(For an explana	ation of each type of claim, so	ee the instructions for this	form in the instruction booklet.)	Total claim	Priority amount	Nonpriority amount
2.1	Internal	Revenue Service	Last 4 digit	s of account number	\$290.00	\$290.00	\$0.00
		editor's Name	When wee	المستنامة المطالع			
	Operati	ized Insolvency	wnen was	the debt incurred?			
	PO Box						
	Philade	lphia, PA 19101-7346					
		treet City State Zip Code d the debt? Check one.		ate you file, the claim is: Check	all that apply		
	_		☐ Conting				
	☐ Debtor 1 o	•	☐ Unliquid				
	Debtor 2 o		☐ Disputed	I			
	Debtor 1 a	and Debtor 2 only	Type of PR	IORITY unsecured claim:			
	At least or	ne of the debtors and anothe	Domesti	☐ Domestic support obligations			
	☐ Check if t	his claim is for a commun	ity debt Taxes a	nd certain other debts you owe the	government		
	Is the claim s	subject to offset?	☐ Claims f	or death or personal injury while ye	ou were intoxicated		
	■ No		Other. S	pecify			
	☐ Yes						

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 29 of 73

Del	btor 1 Levan Bregadze	Case number (if known)				
2.2	N.C. Dept of Revenue	Last 4 digits of account number	\$0.00	\$0.00	\$0.00	
	Priority Creditor's Name Office Service Div. Bankruptcy Unit PO Box 1168 Raleigh, NC 27602-1168	When was the debt incurred?				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	☐ Contingent ☐ Unliquidated				
	Debtor 1 only					
	Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:				
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt Is the claim subject to offset?  ■ No	■ Taxes and certain other debts you owe the government  □ Claims for death or personal injury while you were intoxicated				
	■ NO □ Yes	Other. Specify Notice Purposes Only				
2.3		Last 4 digits of account number	\$0.00	\$0.00	\$0.00	
	Priority Creditor's Name 22204 Havers Drive Cary, NC 27518	When was the debt incurred?				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:				
	lacksquare At least one of the debtors and another	■ Domestic support obligations				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intox				
	■ No	☐ Other. Specify				
	☐ Yes	Alimony \$800 a month				
Par	rt 2: List All of Your NONPRIORITY Unsecu	red Claims				
3.	Do any creditors have nonpriority unsecured claims against you?					
	□ No. You have nothing to report in this part. Submit this form to the court with your other schedules.					
	■ Yes.					
4.	unsecured claim, list the creditor separately for each c	e alphabetical order of the creditor who holds each claim. laim. For each claim listed, identify what type of claim it is. Do creditors in Part 3.lf you have more than three nonpriority unstanting the control of the creditors.	not list claims al	lready included in Part	t 1. If more	

Part 2.

Total claim

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 30 of 73

Debtor	1 Levan Bregadze	Case number (if known)		
4.1	Branch	Last 4 digits of account number	\$225.00	
	Nonpriority Creditor's Name Attn: Officer 301 S 4th Ave. #960N	When was the debt incurred?		
	Minneapolis, MN 55415 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	Yes	■ Other. Specify Online App Salary Advance		
4.2	Bridge IT, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	\$205.00	
	Attn: Officer 245 5th Ave 15th Floor, Ste. 1502	When was the debt incurred?		
	New York, NY 10016  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	No	Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify Payday Loan		
4.3	Bridgeport TT, LLC Nonpriority Creditor's Name	Last 4 digits of account number	Unknown	
	4101 Lake Lynn Drive Raleigh, NC 27613	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	□Yes	■ Other. Specify Apartment Lease		
		-1 7		

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 31 of 73

1 Levan Bregadze	Case number (if known)	
Capital One Nonpriority Creditor's Name	Last 4 digits of account number 4808	\$586.50
Attn: Officer PO Box 30285	When was the debt incurred?	
Salt Lake City, UT 84130-0285		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	_	
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  Student loans	
☐ Check if this claim is for a community	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Credit Card Purchases	
Capital One	Last 4 digits of account number	\$172.76
Nonpriority Creditor's Name Attn: Officer PO Box 30285	When was the debt incurred?	
PO Box 30285 Salt Lake City, UT 84130-0285		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Credit Card Purchases	
CBW Bank	Last 4 digits of account number 2095	\$409.07
Nonpriority Creditor's Name		ψ+03.01
Attn: Officer	When was the debt incurred?	
109 E. Main St. Weir, KS 66781		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
_		
Yes	Other. Specify Kayak loan	

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 32 of 73

Debto	r 1 Levan Bregadze	Case number (if known)		
4.7	Comenity Bank Nonpriority Creditor's Name	Last 4 digits of account number 9399	\$1,977.78	
	Attn: Officer	When was the debt incurred?		
	PO Box 182125			
	Columbus, OH 43218-2125	_		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	_		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	■ Other. Specify Credit Card Purchases-Wayfair		
4.8	Comenity Bank	Last 4 digits of account number 3064	\$978.47	
	Nonpriority Creditor's Name			
	Attn: Officer PO Box 182125	When was the debt incurred?		
	Columbus, OH 43218-2125			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	■ Other. Specify Credit Card Purchases-Williams Sonoma		
	100	Other: Specify		
4.9	Cross River Bank	Last 4 digits of account number 3VUG	\$243.55	
	Nonpriority Creditor's Name Attn: Officer	When was the debt incurred?		
	885 Teaneck Road			
	Teaneck, NJ 07666	_		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	■ Other. Specify Affirm Walmart		

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 33 of 73

1 Levan Bregadze	Case number (if known)	
Cross River Bank	Last 4 digits of account number ZFDW	\$171.3
Nonpriority Creditor's Name Attn: Officer 885 Teaneck Road	When was the debt incurred?	
Teaneck, NJ 07666  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Affirm CheapOair	
Cross River Bank	Last 4 digits of account number 22H9	\$87.0
Nonpriority Creditor's Name  Attn: Officer	When was the debt incurred?	
885 Teaneck Road Teaneck, NJ 07666		
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Other. Specify Affirm CheapOair	
Dave Inc.	Last 4 digits of account number	\$79.9
Nonpriority Creditor's Name	<del></del>	
Attn: Officer 1265 S. Cochran Ave. Los Angeles, CA 90019	When was the debt incurred?	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dbligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Online App Salary Advance	

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 34 of 73

1 Levan Bregadze	Case number (if known)	
Deserve	Last 4 digits of account number 1865	\$291.43
Nonpriority Creditor's Name Attn: Officer PO Box 1286	When was the debt incurred?	
Menlo Park, CA 94026  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Credit Card Purchases	
Discover Card	Last 4 digits of account number 5173	\$2,507.56
Nonpriority Creditor's Name Attn: Officer PO Box 30943	When was the debt incurred?	
Salt Lake City, UT 84130  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Credit Card Purchases	
Earnin	Last 4 digits of account number	\$105.00
Nonpriority Creditor's Name Attn: Officer 6070 Poplar Ave., 2nd Fl	When was the debt incurred?	
Memphis, TN 38119  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?  ■	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts	
■ No		
☐ Yes	Other. Specify Online App Salary Advance	

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 35 of 73

Depto	Levan Bregadze	Case number (if known)	
4.1 6	LendingClub	Last 4 digits of account number 2920	\$16,411.44
	Nonpriority Creditor's Name Attn: Officer 595 Market Street, Suite 200 San Francisco, CA 94105	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Loan	
4.1 7	Merrick Bank	Last 4 digits of account number 0220	\$699.93
	Nonpriority Creditor's Name Attn: Officer PO Box 9201	When was the debt incurred?	
	Old Bethpage, NY 11804-9001  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card Purchases	
4.1 8	Minto Money	Last 4 digits of account number 7490	\$1,000.00
	Nonpriority Creditor's Name Attn: Officer PO Box 58112	When was the debt incurred?	
	Minto, AK 99758  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Loan	

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 36 of 73

Debtor	1 Levan Bregadze	Case number (if known)	
4.1	Rani Britto & Vinu Vainateya	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 3313 Roller Mill Ct.	When was the debt incurred?	
	Raleigh, NC 27607  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Loan	
4.2	Rosebud Lending LZO d/b/a Zoco Loan	Last 4 digits of account number	\$1,500.00
	Nonpriority Creditor's Name Attn: Officer PO Box 1147, 27565 Research Park	When was the debt incurred?	
	Dr Mission, SD 57555 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Loan	
4.2	Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number 7459	\$567.46
	Attn: Officer PO Box 965060	When was the debt incurred?	
	Orlando, FL 32896-5060  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit Card Purchases-Amazon.com	

Debtor	Levan Bregadze		Case number (if known)	
4.2	Victoria Taylor	Last 4 digits of account numb	per	Unknown
	Nonpriority Creditor's Name 22204 Havers Drive Cary, NC 27518	When was the debt incurred?		
-	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the cla	im is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsec	ured claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sreport as priority claims	separation agreement or divorce that you did not	
	■ No	Debts to pension or profit-sh	aring plans, and other similar debts	
	Yes	Other. Specify Wells Fa	rgo Credit Card	
4.2	WakeMed	Last 4 digits of account numb	ner 7625	\$422.55
	Nonpriority Creditor's Name			•
	Attn: Officer PO Box 29516	When was the debt incurred?		
	Raleigh, NC 27626  Number Street City State Zip Code	As of the date you file, the cla	im is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the old	iiii is. Oneck all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsec	ured claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sreport as priority claims	separation agreement or divorce that you did not	
	■ No	Debts to pension or profit-sh	naring plans, and other similar debts	
	Yes	Other. Specify Medical		
Part 3:	List Others to Be Notified About a De	ebt That You Already Listed		
is tryir have n	ng to collect from you for a debt you owe to s	someone else, list the original credito at you listed in Parts 1 or 2, list the a	nat you already listed in Parts 1 or 2. For examp or in Parts 1 or 2, then list the collection agency additional creditors here. If you do not have add	/ here. Similarly, if you
Name ar Capita	nd Address I One	On which entry in Part 1 or Part 2 did Line <b>4.4</b> of ( <i>Check one</i> ):	you list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Clai	ms
	Cox Road		■ Part 2: Creditors with Nonpriority Unsecured	Claims
Glen A	llen, VA 23060	Last 4 digits of account number		
	nd Address	On which entry in Part 1 or Part 2 did	·	
Attn: C	nity Capital Bank Officer	Line 4.7 of (Check one):	Part 1: Creditors with Priority Unsecured Clai	
	ottonwoon Pkwy., Ate. 100		■ Part 2: Creditors with Nonpriority Unsecured	Claims
	ake City, UT 84121	Last A distinct of a second mount on		
		Last 4 digits of account number		
	nd Address	On which entry in Part 1 or Part 2 did	· <u> </u>	
Attn: C	k Bank Officer	Line <u>4.17</u> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Clai	
10705	S Jordan Gateway, Ste. 200 Jordan, UT 84095		■ Part 2: Creditors with Nonpriority Unsecured	Ciaims
	·	Last 4 digits of account number		

2/03/20 7:17PN

Debtor 1 Levan Bregadze

\_\_\_\_\_\_

Name and Address
Synchrony Bank
Attn: Officer

170 West Election Rd., Ste. 125

Draper, UT 84020

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (*Check one*):

Case number (if known)

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				-	Total Claim
Total	6a.	Domestic support obligations	6a.	\$	0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	290.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	290.00
					Total Claim
Total	6f.	Student loans	6f.	\$	0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	28,642.54
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	28,642.54

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 39 of 73

2/03/20 7:17PM

Fill in this infor	rmation to identify your	case:		
Debtor 1	Levan Bregadze			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F NORTH CAROLINA	
Case number (if known)				☐ Check if this is an amended filing

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Bridgeport TT, LLC
4101 Lake Lynn Drive
Raleigh, NC 27613

State what the contract or lease is for

Apartment lease. Lease expires 4/23/2020. Debtor will assume lease

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 40 of 73

Oust	20 00410 0 BWW	Doo'l Thea o	2/00/20 Emerca	02/00/20 10:2		2/03/20 7:17Pi
Fill in this in	nformation to identify your	case:				
Debtor 1	Levan Bregadze					
Dobtor 2	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing	First Name	Middle Name	Last Name			
United State	es Bankruptcy Court for the:	EASTERN DISTRICT C	F NORTH CAROLINA			
Case number	er				☐ Check if this is amended filing	
	Form 106H ule H: Your Cod	ebtors				12/15
people are fi fill it out, and your name a	are people or entities who a iling together, both are equ d number the entries in the and case number (if known) ou have any codebtors? (If	ally responsible for sup boxes on the left. Attacl . Answer every question	olying correct information the Additional Page to	n. If more space is this page. On the to	needed, copy the Addition	nal Page,
□ No ■ Yes						
	in the last 8 years, have you , California, Idaho, Louisiana,					ude
	Go to line 3.	and the section of the section of the	and the control of the charge			
⊔ Yes.	Did your spouse, former spou	use, or legal equivalent live	e with you at the time?			
in line 2	mn 1, list all of your codebt 2 again as a codebtor only i 06D), Schedule E/F (Official umn 2.	f that person is a guaran	tor or cosigner. Make su	ire you have listed t	he creditor on Schedule	D (Official
	column 1: Your codebtor ame, Number, Street, City, State and ZI	P Code		Column 2: The cr Check all schedul	editor to whom you owe es that apply:	the debt
22	ictoria Ann Taylor 2204 Havers Drive ary, NC 27518			☐ Schedule D, ☐ Schedule E/F ☐ Schedule G _ Internal Reven	f, line 2.1	

Fill	in this information to identify your continuous	ase:								
De	btor 1 Levan Breg	adze			_					
	btor 2 ouse, if filing)									
Un	ited States Bankruptcy Court for the	e: EASTERN DISTRICT	OF NORTH CAROLI	NA						
	se number nown)		-				ck if this is an amende			
									g postpetition ollowing date:	
0	fficial Form 106I					Ī	/IM / DD/ \	YYYY		
S	chedule I: Your Inc	ome								12/1
spo	plying correct information. If you use. If you are separated and you ach a separate sheet to this form.  The describe Employment	ır spouse is not filing w	ith you, do not includ	de infor	mati	on abou	t your spe	ouse. If mo	ore space is	needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more than one job, attach a separate page with	Employment status	■ Employed				☐ Empl			
	information about additional employers.		☐ Not employed				□ Not e	mployed		
	Include part-time, seasonal, or	Occupation								
	self-employed work.	Employer's name	Morgan Stanley							
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here? 2 years				_			
Pa	rt 2: Give Details About Mo	nthly Income								
	imate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	port for	any	line, write	e \$0 in the	space. Ind	clude your no	n-filing
	ou or your non-filing spouse have m re space, attach a separate sheet to		ombine the information	n for all e	empl	oyers for	that perso	on on the li	nes below. If	you need
						For De	btor 1		btor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	4	,583.34	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	4,5	83.34	\$	N/A	

Debtor 1 Levan Bregadze Case number (if known) For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4,583.34 \$ N/A List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 803.64 N/A 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 \$ N/A 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 N/A 5d. Required repayments of retirement fund loans 5d. 0.00 N/A 5e. Insurance 5e. 194.20 N/A 5f. **Domestic support obligations** 5f. 0.00 N/A 5g. 5g. **Union dues** \$ \$ 0.00 N/A 5h. Other deductions. Specify: 5h.+ \$ 0.00 N/A Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 997.84 N/A 7. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. \$ 3,585.50 \$ N/A List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 N/A 8h Interest and dividends 8b. \$ 0.00 \$ N/A 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 N/A 8d. **Unemployment compensation** 8d. 0.00 N/A 8e. **Social Security** 8e. 0.00 N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: \$ 0.00 \$ N/A 8g. 8g. Pension or retirement income \$ \$ 0.00 N/A Other monthly income. Specify: Uber/Lyft 8h.+ \$ 8h. \$ 400.00 N/A Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. 400.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 3,985.50 \$ \$ 3,985.50 N/A Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 3,985.50 12. applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form?

Official Form 106I Schedule I: Your Income page 2

Yes. Explain:

Fill in this inf	ormation to identify yo	ur case.					
Debtor 1					Chool	c if this is:	
Debior	Levan Brega	aze				An amended filing	
Debtor 2	<u> </u>					A supplement show	ving postpetition chapter
(Spouse, if filing	ng)				1	3 expenses as of	the following date:
United States	Bankruptcy Court for the:	EASTE	RN DISTRICT OF NORTH	CAROLINA	N	MM / DD / YYYY	
Case number (If known)							
	Form 106J						
	ule J: Your E						12/15
information		ded, atta	. If two married people ar ch another sheet to this t n.				
	Describe Your Housel	nold					
	a joint case?						
	Go to line 2.  Does Debtor 2 live in	n a separa	ate household?				
	□ No	•					
	☐ Yes. Debtor 2 must	t file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of Debto	or 2.	
2. Do you	have dependents?	■ No					
Do not Debtor	list Debtor 1 and 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	state the						□ No
depend	lents names.						☐ Yes
							□ No □ Yes
							□ No
							☐ Yes
							□ No
_							☐ Yes
	ir expenses include ses of people other th	an 🔳	No				
•	If and your depender		Yes				
Part 2:	Estimate Your Ongoin	a Monthi	y Evnoncos				
Estimate yo	our expenses as of yo s of a date after the b	ur bankrı	uptcy filing date unless y y is filed. If this is a supp				
the value of	such assistance and		government assistance it			Your expe	ancac
(Official Fo	m 1061.)					Tour exp	
	ntal or home ownershots and any rent for the		ses for your residence. In	nclude first mortgage	4. \$		862.00
If not in	ncluded in line 4:						
4a. F	Real estate taxes				4a. \$		0.00
4b. F	Property, homeowner's	, or renter	's insurance		4b. \$		0.00
	lome maintenance, rep				4c. \$		0.00
	Homeowner's associati		dominium dues <b>our residence,</b> such as ho	mo oquity loops	4d. \$ 5. \$		0.00
J. Additio	mai mortyaye payme	into iui yu	our residence, such as not	ne equity loans	J. Þ		0.00

Deb	tor 1	Levan B	regadze	Case num	ber (if known)	
6.	Utiliti	ies:				
-	6a.		, heat, natural gas	6a.	\$	70.00
	6b.	Water, sev	wer, garbage collection	6b.	\$	30.00
	6c.	Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	160.00
	6d.	Other. Spe	ecify:	6d.	\$	0.00
7.	Food	d and hous	ekeeping supplies	7.	\$	400.00
8.	Child	dcare and o	children's education costs	8.	\$	0.00
9.	Cloth	hing, laund	lry, and dry cleaning	9.	\$	60.00
10.	Pers	onal care p	products and services	10.	\$	50.00
11.	Medi	ical and de	ntal expenses	11.	\$	239.17
12.		•	Include gas, maintenance, bus or train fare.	10	Ф	400.00
40			ar payments.	12.	·	
			clubs, recreation, newspapers, magazines, and books		· ·	100.00
			tributions and religious donations	14.	\$	0.00
15.		rance.	nsurance deducted from your pay or included in lines 4 or 2	20		
		Life insura	, , ,	<sub>20.</sub> 15a.	\$	0.00
		Health ins		15b.	· -	0.00
		Vehicle in		15c.	·	96.00
			urance. Specify:	15d.	·	0.00
16			nclude taxes deducted from your pay or included in lines 4		Ψ	0.00
10.			nated Income Taxes	16.	\$	51.66
17.		·	ease payments:			
			ents for Vehicle 1	17a.	\$	549.83
	17b.	Car paym	ents for Vehicle 2	17b.	\$	0.00
		Other. Spe		17c.	\$	0.00
		Other. Spe	-	17d.	\$	0.00
18.	Your	payments	of alimony, maintenance, and support that you did no	t report as		
			your pay on line 5, Schedule I, Your Income (Official F			800.00
19.			s you make to support others who do not live with you		\$	0.00
	Spec	,		19.	_	
20.			erty expenses not included in lines 4 or 5 of this form			0.00
			s on other property	20a.	· -	0.00
		Real estat		20b. 20c.	·	0.00
			homeowner's, or renter's insurance		· -	0.00
			nce, repair, and upkeep expenses ner's association or condominium dues	20d. 20e.	·	0.00
04			ier's association or condominium dues		φ +\$	0.00
۷۱.	Otne	r: Specify:			+\$	0.00
22.	Calc	ulate your	monthly expenses			
	22a.	Add lines 4	through 21.		\$	3,868.66
	22b.	Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official For	m 106J-2	\$	
	22c.	Add line 22	a and 22b. The result is your monthly expenses.		\$	3,868.66
00	0-1-		mandala mad in a sura			
23.			monthly net income.	220	¢	2 005 50
			12 (your combined monthly income) from Schedule I.	23a.	· -	3,985.50
	23D.	Copy your	r monthly expenses from line 22c above.	23b.	-\$	3,868.66
	23c	Subtract v	your monthly expenses from your monthly income.			
	200.		t is your monthly net income.	23c.	\$	116.84
			•			
24.	For ex	xample, do yo	an increase or decrease in your expenses within the you expect to finish paying for your car loan within the year or do yo			se or decrease because of a
	_		terms of your mortgage?			
	■ No		Evolain here:			
	1 1 1 1 / .		Levelore horo:			

Fill in this infor	mation to identify your	case:			
Debtor 1	Levan Bregadze First Name	Middle Nove	Leat News		
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT OF	F NORTH CAROLINA		
Case number (if known)					☐ Check if this is an amended filing
Official Forr Declarat		n Individual	Debtor's Sch	edules	12/15
If two married pe	eople are filing togethe	r, both are equally respor	nsible for supplying correc	t information.	
obtaining money		n connection with a bank	or amended schedules. Maruptcy case can result in fi		t, concealing property, or imprisonment for up to 20
Sig	n Below				
Did you pa	y or agree to pay some	one who is NOT an attor	ney to help you fill out ban	kruptcy forms?	
■ No					
☐ Yes. I	Name of person				cy Petition Preparer's Notice, Signature (Official Form 119)
	lty of perjury, I declare e true and correct.	that I have read the sum	mary and schedules filed w	vith this declaration an	d
X /s/ Lev	an Bregadze		X		
	Bregadze		Signature of De	btor 2	

Date

Signature of Debtor 1

Date February 3, 2020

	Levan Bregadze			
	First Name	Middle Name	Last Name	
ebtor 2 Spouse if, filing)	First Name	Middle Name	Last Name	
nited States Bar	kruptcy Court for the:	EASTERN DISTRICT OF N	IORTH CAROLINA	
ase number				
known)				Check if this is an amended filing
				amenaea ming
Official For	m 107			
tatement	of Financial	Affairs for Individ	uals Filing for Bankruptcy	,
			e filing together, both are equally respons iis form. On the top of any additional page	
	i). Answer every ques		is form. On the top of any additional page	ss, write your name and case
Ober D		-11-1 Ot-1 1 M/h V 1	hard Before	
art 1: Give D	etalis About Your Ma	rital Status and Where You I	lived Before	
What is your	current marital statu	s?		
		~ •		
_		-		
■ Married				
■ Married □ Not marr				
☐ Not marr	ried	lived anywhere other than w	here you live now?	
☐ Not marr	ried		here you live now?	
□ Not marr	ried ast 3 years, have you	lived anywhere other than w	·	
□ Not marr	ried ast 3 years, have you		·	
□ Not marr	ried  st 3 years, have you  all of the places you li	lived anywhere other than w	·	Dates Debtor 2 lived there
□ Not marr  During the la □ No ■ Yes. List	ried  st 3 years, have you  all of the places you li  or Address:	lived anywhere other than we wed in the last 3 years. Do not Dates Debtor 1	include where you live now.	lived there
□ Not marr  During the la □ No ■ Yes. List  Debtor 1 Pri	ried  ast 3 years, have you list all of the places you list or Address:  Dale Lane	lived anywhere other than we will we will be with the last 3 years. Do not a Dates Debtor 1 lived there	include where you live now.  Debtor 2 Prior Address:	
□ Not marr  During the la □ No ■ Yes. List  Debtor 1 Pri  916 Morris	ried  ast 3 years, have you list all of the places you list or Address:  Dale Lane	ved in the last 3 years. Do not  Dates Debtor 1 lived there  From-To:	include where you live now.  Debtor 2 Prior Address:	lived there ☐ Same as Debtor
□ Not mare  During the la □ No ■ Yes. List  Debtor 1 Pri  916 Morris Cary, NC 2	ried  ast 3 years, have you li all of the places you li or Address:  Dale Lane 7519	ved in the last 3 years. Do not  Dates Debtor 1 lived there  From-To: 8/17 - 5/19	include where you live now.  Debtor 2 Prior Address:  Same as Debtor 1	lived there ☐ Same as Debtor From-To:
□ Not mare  During the la □ No ■ Yes. List  Debtor 1 Pri  916 Morris Cary, NC 2	ried ast 3 years, have you li all of the places you li or Address: Dale Lane 7519	ved in the last 3 years. Do not  Dates Debtor 1 lived there  From-To:	include where you live now.  Debtor 2 Prior Address:	lived there ☐ Same as Debtor
□ Not mare  During the la □ No ■ Yes. List  Debtor 1 Pri  916 Morris Cary, NC 2	ried ast 3 years, have you li all of the places you li or Address: Dale Lane 7519	ved in the last 3 years. Do not  Dates Debtor 1 lived there  From-To: 8/17 - 5/19  From-To:	include where you live now.  Debtor 2 Prior Address:  Same as Debtor 1	Same as Debtor From-To:  □ Same as Debtor
□ Not mare  During the la □ No ■ Yes. List  Debtor 1 Pri  916 Morris Cary, NC 2  167 Cherry Catonsville	ried ast 3 years, have you list 3 years, have you list 3 years, have you list all of the places you list or Address: Dale Lane 7519 rdell Rd.	ved in the last 3 years. Do not  Dates Debtor 1 lived there From-To: 8/17 - 5/19  From-To: 5/17 - 8/17	include where you live now.  Debtor 2 Prior Address:  Same as Debtor 1	Same as Debtor From-To:  □ Same as Debtor
□ Not mare  During the la □ No ■ Yes. List  Debtor 1 Pri  916 Morris Cary, NC 2	ried ast 3 years, have you li all of the places you li or Address: Dale Lane 7519 rdell Rd. e, MD	ved in the last 3 years. Do not  Dates Debtor 1 lived there  From-To: 8/17 - 5/19  From-To:	include where you live now.  Debtor 2 Prior Address:  Same as Debtor 1	Same as Debtor From-To:  □ Same as Debtor

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 47 of 73

2/03/20	7-17DM

Gross income (before deductions and exclusions)	Debtor 2	ndar years?
Gross income (before deductions and exclusions)	-time activities. nder Debtor 1.	ndar years?
Gross income (before deductions and exclusions)	-time activities. nder Debtor 1.	ndar years?
(before deductions and exclusions)		
(before deductions and exclusions)		
(before deductions and exclusions)		
<b>₫</b> 4 E00 04	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
\$4,583.34	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business	
\$59,535.39	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business	
\$57,365.65	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business	
oles of other income are a t; dividends; money collect received together, list it o	ted from lawsuits; royalties; an only once under Debtor 1. hat you listed in line 4.	
Gross income from	Debtor 2	Gross income
each source (before deductions and	Describe below.	(before deductions and exclusions)
nkruptcy		
er debts. Consumer debts ourpose."		1(8) as "incurred by an
rt i	t; dividends; money collect received together, list it control to the collect received together, list it control to the collect received together, list it control to the collect received together toget	revious calendar years? ples of other income are alimony; child support; Social St; dividends; money collected from lawsuits; royalties; and received together, list it only once under Debtor 1.  y. Do not include income that you listed in line 4.  Gross income from each source (before deductions and exclusions)  nkruptcy  ebts? er debts. Consumer debts are defined in 11 U.S.C. § 10

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 48 of 73

Case number (if known)

2/03/20 7:17PN

Yes. <b>Debtor 1 or Debtor 2 or both hav</b> During the 90 days before you filed			al of \$600 or more?	
☐ No. Go to line 7.				
	domestic support obligation			you paid that creditor. Do not Also, do not include payments to an
Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
Chrylser Capital Attn: Officer PO Box 961278 Fort Worth, TX 76161-1278	November, December and January	\$1,649.49	\$27,531.39	<ul> <li>☐ Mortgage</li> <li>☐ Car</li> <li>☐ Credit Card</li> <li>☐ Loan Repayment</li> <li>☐ Suppliers or vendors</li> <li>☐ Other</li> </ul>
Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346	October, November December 2019 (\$350 per mo.)	\$1,050.00	\$290.00	☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other
LendingClub Attn: Officer 595 Market Street, Suite 200 San Francisco, CA 94105		\$877.00	\$16,411.44	☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other_
Rosebud Lending LZO d/b/a Zoco Loan Attn: Officer PO Box 1147, 27565 Research Park Dr Mission, SD 57555		\$966.00	\$1,500.00	☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other_
Vithin 1 year before you filed for bankruptonsiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 limony.  No Yes. List all payments to an insider.	rtners; relatives of any ge control, or owner of 20%	eneral partners; partners or more of their voting	erships of which yo g securities; and a	u are a general partner; corporation ny managing agent, including one fo
Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Manana Khelashvili Giorgi Bregadze Tbilisi, Georgia		\$4,000.00	\$0.00	Repayment of assistance from family

7.

Debtor 1 Levan Bregadze

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 49 of 73

Debtor 1 Levan Bregadze Case number (if known)						
8.	Within 1 year before you filed for bankruptor insider? Include payments on debts guaranteed or cost		ments or transfer a	ny property o	on account of a de	ebt that benefited an
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount yo still ow		this payment itor's name
Pai	rt 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.					
	■ No □ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, Check all that apply and fill in the details below.					l, seized, or levied?	
	<ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>					
	Creditor Name and Address	Describe the Property  Explain what happened	•	Da	ate	Value of the property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca  No Yes. Fill in the details.	tcy, did any creditor, inc		ancial institu	tion, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	creditor took		ate action was Iken	Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an		erty in the possessi	on of an assiç	gnee for the bene	fit of creditors, a
	■ No □ Yes					
Pa	rt 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrupt ☐ No	cy, did you give any gifts	s with a total value	of more than	\$600 per person?	,
	Yes. Fill in the details for each gift.					
	Gifts with a total value of more than \$600 per person	Describe the gifts			ates you gave ne gifts	Value
	Person to Whom You Gave the Gift and Address:					
	Victoria Ann Taylor 22204 Havers Drive Cary, NC 27518	Various Gifts for Anniversary etc.	Birthday, Christ	mas, va	arious	\$900.00
	Person's relationship to you: Wife (Separated)					

Case number (if known)

2/03/20 7:17PM

14.	Within 2 years before you filed for bank	ruptcy	, did you give any gifts or contributions	with a tota	I value of more than	\$600 to any charity?
	<ul><li>No</li><li>☐ Yes. Fill in the details for each gift or each g</li></ul>	contrib	ution			
	Gifts or contributions to charities that		Describe what you contributed		Dates you	Value
	more than \$600	totai	Describe what you contributed		contributed	Variation
	Charity's Name Address (Number, Street, City, State and ZIP Coo	le)				
		,				
Par	t 6: List Certain Losses					
15.	Within 1 year before you filed for bankru or gambling?	uptcy (	or since you filed for bankruptcy, did yo	ou lose anyt	hing because of the	ft, fire, other disaster,
	■ No					
	☐ Yes. Fill in the details.					
	Describe the property you lost and	Desc	cribe any insurance coverage for the los	SS	Date of your	Value of property
	how the loss occurred		de the amount that insurance has paid. Lis		loss	lost
		insur	ance claims on line 33 of Schedule A/B: P	Property.		
Par	t 7: List Certain Payments or Transfer	s				
40	Wishing 4 years had one you filed for handon		did a an alaa astin a an a	h a h a lé m a		
16.	Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition	prepa	ring a bankruptcy petition?			erty to anyone you
	□ No					
	Yes. Fill in the details.					
	Person Who Was Paid		Description and value of any proper	rty	Date payment	Amount of
	Address		transferred		or transfer was	payment
	Email or website address Person Who Made the Payment, if Not	You			made	
	Abacus Credit Counseling		Credit Counseling		Balance paid	\$25.00
	17337 Ventura Boulevard				immediately	<b>V</b> =5.55
	Encino, CA 91316				prior to filing.	
	Danagara Law Offices DLLO		A44		#400 00 ·!-!	<b>\$575.00</b>
	Berggren Law Offices, PLLC PO Box 18306		Attorney Fees		\$100.00 paid 1/13/2020;	\$575.00
	Raleigh, NC 27619				balance paid	
	• .				immediately	
					prior to filing.	
17.	Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha	ditors	or to make payments to your creditors		or transfer any prope	erty to anyone who
	■ No □ Yes. Fill in the details.					
	Person Who Was Paid		Description and value of any proper	-4. <i>.</i>	Data navment	Amount of
	Address		Description and value of any proper transferred	пу	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bank transferred in the ordinary course of yo Include both outright transfers and transfer include gifts and transfers that you have al	<b>ur bus</b> s made	iness or financial affairs? e as security (such as the granting of a sec			
	Yes. Fill in the details.					
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts change	Date transfer was made
	Person's relationship to you				J	

Debtor 1 Levan Bregadze

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 51 of 73

Case number (if known)

2/03/20 7:17PM

Person Who Received Transfer Address	Description and property transfe		Describe any property payments received or opaid in exchange	
Person's relationship to you	004711		1	40/47/40
Leith Chrysler Jeep	2017 Honda Ci	vic traded in	loan paid off	10/17/19
None				
Within 10 years before you filed for bankru beneficiary? (These are often called asset-page No		ny property to a se	lf-settled trust or similar	device of which you are a
☐ Yes. Fill in the details.				
Name of trust	Description and	value of the prope	rty transferred	Date Transfer was made
rt 8: List of Certain Financial Accounts, In	nstruments, Safe Depos	it Boxes, and Stora	age Units	
Within 1 year before you filed for bankrupt	cy, were any financial a	ccounts or instrum	nents held in your name,	or for your benefit, closed,
sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso ☐ No	or other financial accou	unts; certificates of	•	•
Yes. Fill in the details.				
Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	or Date account w closed, sold, moved, or transferred	as Last balance before closing or transfer
Morgan Stanley	XXXX-	☐ Checking ☐ Savings ☐ Money Marke ☐ Brokerage ■ Other IRA	9/19	\$57.00
Bank of America Checking	XXXX-	■ Checking □ Savings □ Money Marke □ Brokerage □ Other	<b>1/20</b>	\$0.87
Bank of Amierica	xxxx-	☐ Checking ■ Savings ☐ Money Marke ☐ Brokerage	1/20	\$0.00
		Other		
Do you now have, or did you have within 1 cash, or other valuables?  No Yes. Fill in the details.	year before you filed fo	Other	safe deposit box or othe	r depository for securities,

Debtor 1 Levan Bregadze

Debtor 1 Levan Bregadze Case number (if known)

22.	Have you stored property in a storage unit or pla	ace other than your home within	1 yea	ar before you filed for bankruptcy	?
	■ No.	•	-		
	■ No □ Yes. Fill in the details.				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	De	scribe the contents	Do you still have it?
Par	9: Identify Property You Hold or Control for S	,			
23.	Do you hold or control any property that someon for someone.	ne else owns? Include any prope	erty y	ou borrowed from, are storing for	, or hold in trust
	No				
	Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	scribe the property	Value
Par	10: Give Details About Environmental Informa	tion			
For	he purpose of Part 10, the following definitions a	apply:			
•	Environmental law means any federal, state, or I toxic substances, wastes, or material into the air regulations controlling the cleanup of these sub	r, land, soil, surface water, groun stances, wastes, or material.	dwa	ter, or other medium, including st	atutes or
_	Site means any location, facility, or property as on to own, operate, or utilize it, including disposal s	<u>-</u>	ıaw,	whether you now own, operate, o	or utilize it or used
	<i>Hazardous material</i> means anything an environn hazardous material, pollutant, contaminant, or s		s wa	ste, hazardous substance, toxic s	substance,
Rep	ort all notices, releases, and proceedings that yo	u know about, regardless of whe	n the	ey occurred.	
24.	Has any governmental unit notified you that you	may be liable or potentially liable	e und	der or in violation of an environme	ental law?
	■ No				
	Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?			
	No				
	Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or adminis	trative proceeding under any env	/iron	mental law? Include settlements a	and orders.
	No				
	Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case
Par	11: Give Details About Your Business or Conr	nections to Any Business			
27.	Within 4 years before you filed for bankruptcy, d	id you own a business or have a	ny of	the following connections to any	business?
	■ A sole proprietor or self-employed in a tr	ade, profession, or other activity	, eith	ner full-time or part-time	
	☐ A member of a limited liability company	(LLC) or limited liability partners	hip (L	LP)	

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 53 of 73

Case number (if known)

2/03/20 7·17PM

☐ A partner in a partnership An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed EIN: Levan Bregadze Uber/Lyft From-To 2018 - Present Cary Chess Center, LLC **Chess Center -- Debtor was** EIN: registered agent. Busienss was From-To 2018 - May 2019 owned by wife.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No	
Yes.	Fill

Debtor 1 Levan Bregadze

Yes. Fill in the details below.

_	res. I ili ili tile detalls below.
Nan	ne
Add	dress
(Nun	nber, Street, City, State and ZIP Code)

**Date Issued** 

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 54 of 73

Debtor 1 Levan Bregadze	Case number (if known)
Part 12: Sign Below	
	cial Affairs and any attachments, and I declare under penalty of perjury that the answers e statement, concealing property, or obtaining money or property by fraud in connection 0,000, or imprisonment for up to 20 years, or both.
/s/ Levan Bregadze	
Levan Bregadze Signature of Debtor 1	Signature of Debtor 2
Date February 3, 2020	Date
Did you attach additional pages to <i>Your Statement</i> of No ☐ Yes	of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is not an ■ No	attorney to help you fill out bankruptcy forms?
☐ Yes. Name of Person Attach the Bankruptcy	Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:							
Debtor 1	Levan Bregadze						
Debtor 2 (Spouse, if filing)							
United States B	Sankruptcy Court for the:	Eastern District of North Carolina					
Case number (if known)							

Check as directed in lines 17 and 21:									
	According to the calculations required by this Statement:								
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).									
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								
	☐ Check if this is an amended filing								

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pai	Calculate Your Average Monthly Income								
1.	What is your marital and filing status? Check one	only.							
	■ Not married. Fill out Column A, lines 2-11.								
	☐ Married. Fill out both Columns A and B, lines 2-11	Ι.							
1 t	ill in the average monthly income that you received from a 01(10A). For example, if you are filing on September 15, the 6 to 6 months, add the income for all 6 months and divide the to bouses own the same rental property, put the income from tha	i-month petal by 6. F	eriod would fill in the res	be Mar sult. Do	ch 1 throu not includ	gh Aug e any i	just 31. If the amo	ount of your monthly incon ore than once. For examp	ne varied during le, if both
						Colur Debte		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	e, and c	ommissio	ons (be	efore all	\$	4,675.12	\$	
3.	<b>Alimony and maintenance payments.</b> Do not include Column B is filled in.	de paym	ents from	a spou		\$	0.00	\$	
4.	All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househout and roommates. Do not include payments from a spoyou listed on line 3.	o <b>rt.</b> Includ	de regular depende	contrib	outions rents,	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debto	r 1						
	Gross receipts (before all deductions) \$	;	66	5.13					
	Ordinary and necessary operating expenses -\$	·	13	8.33					
	Net monthly income from a business, profession, or farm \$	i	52	6.80	Copy here -> §	\$	526.80	\$	
6.	Net income from rental and other real property	Debto	r 1						
	Gross receipts (before all deductions)	\$_	0.00						
	Ordinary and necessary operating expenses	-\$_	0.00						
	Net monthly income from rental or other real property	<i>,</i> \$	0.00	Copy	here -> 3	\$	0.00	\$	

Debtor 1	Levan Bregadze			Case number	(if known)			
				Column A Debtor 1		Column B Debtor 2 o	or	
7. In	terest, dividends, and royalties			\$	0.00	\$		
8. <b>U</b>	nemployment compensation			\$	0.00	\$		
	o not enter the amount if you conte e Social Security Act. Instead, list	end that the amount received was a bene it here:	efit under					
	For you	\$0	.00					
	For your spouse	\$						
be no U di pa de	enefit under the Social Security Ac of include any compensation, pens nited States Government in conne sability, or death of a member of the ay paid under chapter 61 of title 10 does not exceed the amount of retire	not include any amount received that wat. Also, except as stated in the next sente ion, pay, annuity, or allowance paid by the ction with a disability, combat-related injude uniformed services. If you received and, then include that pay only to the extented pay to which you would otherwise be also other than chapter 61 of that title.	ence, do he ury or ny retired that it	\$	0.00	\$		
D re do U di	o not include any benefits received eceived as a victim of a war crime, omestic terrorism; or compensation nited States Government in conne	t listed above. Specify the source and a dunder the Social Security Act; payment a crime against humanity, or international, pension, pay, annuity, or allowance paction with a disability, combat-related injuite uniformed services. If necessary, list of the total below.	s al or iid by the ury or					
	IRA Distribution			\$	9.67	\$		
				\$	0.00	\$		
	Total amounts from separa	te nages if any		\$	0.00	\$		
	ach column. Then add the total for	column A to the total for Column B.  Your Deductions from Income	\$	5,211.59	+ \$ _			5,211.59 Intal average onthly income
12. <b>C</b> 13. <b>C</b>	opy your total average monthly alculate the marital adjustment.	income from line 11. Check one:					\$	5,211.59
	You are not married. Fill in 0 be	elow.						
	_	se is filing with you. Fill in 0 below.						
_	You are married and your spour Fill in the amount of the income dependents, such as payment Below, specify the basis for exadjustments on a separate page of this adjustment does not app	se is not filing with you.  E listed in line 11, Column B, that was NC of the spouse's tax liability or the spouse cluding this income and the amount of ince.	s's suppo come de _ \$ _ \$	rt of someone	other th	an you or you	ur depend	ents.
			_					
	Total		\$	0.00	)Cc	ppy here=>		0.00
14. `	Your current monthly income. S	ubtract line 13 from line 12.					\$	5,211.59
15. (	Calculate your current monthly i	ncome for the year. Follow these steps	S:					
	15a. Copy line 14 here=>	-					\$	5,211.59

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 57 of 73

Debtor 1	Levan Bregadze	Case number (if known)	
	Multiply line 15a by 12 (the number of months in a year).		<b>x</b> 12
15b	o. The result is your current monthly income for the year for this part of the fo	orm	\$62,539.08

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 58 of 73

Debt	or 1	Levan Bregadze			Case number (if known)		
16	6. Cal	culate the median family income that applies	s to you. F	ollow these s	teps:		
	16a	a. Fill in the state in which you live.		NC			
	4.Ch			1	_		
		o. Fill in the number of people in your household			_	_	47,904.00
	100	c. Fill in the median family income for your state To find a list of applicable median income amount		-	e link specified in the separate	\$_	47,304.00
		instructions for this form. This list may also be					
17	. Hov	w do the lines compare?					
	17a				of this form, check box 1, <i>Disposable in</i> ion of Your <i>Disposable Income</i> (Official		
	17b		Calculation	n of Your Dis	m, check box 2, <i>Disposable income is a</i> posable Income (Official Form 122C-		
Par	t 3:	Calculate Your Commitment Period Under	er 11 U.S.C	. § 1325(b)(4	)		
18.	Cop	py your total average monthly income from I	ine 11 .			\$	5,211.59
19.	con	duct the marital adjustment if it applies. If you tend that calculating the commitment period unbuse's income, copy the amount from line 13.	u are marri	ed, your spou	ise is not filing with you, and you		
	19a	a. If the marital adjustment does not apply, fill in	0 on line 1	9a.		-\$	0.00
	19b	Subtract line 19a from line 18.				\$_	5,211.59
20.	Cal	culate your current monthly income for the	<b>year.</b> Follo	w these step	s:		
	20a	a. Copy line 19b				\$.	5,211.59
		Multiply by 12 (the number of months in a yea					<b>x</b> 12
			,				7.12
	20b	b. The result is your current monthly income for	the year fo	r this part of t	ne form	\$	62,539.08
		·	•	·			
	20c	c. Copy the median family income for your state	and size o	f household f	rom line 16c	\$	47,904.00
	21.	How do the lines compare?					
		Line 20b is less than line 20c. Unless oth period is 3 years. Go to Part 4.	nerwise ord	ered by the c	ourt, on the top of page 1 of this form, cl	heck box 3,	The commitment
		Line 20b is more than or equal to line 20 commitment period is 5 years. Go to Par		therwise orde	ered by the court, on the top of page 1 o	f this form, o	check box 4, The
Par	t 4:	Sign Below					
	By s	signing here, under penalty of perjury I declare	that the info	ormation on t	his statement and in any attachments is	true and co	rrect.
,	V lei	/ Levan Bregadze					
•	_	evan Bregadze					
	Sig	gnature of Debtor 1					
	Date	February 3, 2020					
	If vo	MM / DD / YYYY  ou checked 17a, do NOT fill out or file Form 122	2C-2.				
	-	ou checked 17b, fill out Form 122C-2 and file it		rm On line 30	of that form, convivour current monthly	income fro	m line 14 above
	ii yC	ou onconeu 170, iiii oul Foitii 1220-2 ailu iile il '	MAIN 11112 101	III. OII IIIIE 38	on macronni, copy your current monthly	HICOHIE IIO	III IIIIE I T ADUVE.

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 59 of 73

Fill in	this information to identify your case:		
Debto	r 1Levan Bregadze	_	
Debto (Spou	r 2 se, if filing)	_	
United	States Bankruptcy Court for the: <u>Eastern District of North Carolina</u>	_	
Case (if kno	number wn)	☐ Check if this is an	amended filing
	<u> </u>	Income	04/19
	out this form, you will need your completed copy of <i>Chapter 13 State itment Period</i> (Official Form 122C-1).	ment of Your Current Monthly Income and	Calculation of
расе	complete and accurate as possible. If two married people are filing to is needed, attach a separate sheet to this form, include the line number and case number (if known).		
Part 1	Calculate Your Deductions from Your Income		
the	e Internal Revenue Service (IRS) issues National and Local Standards questions in lines 6-15. To find the IRS standards, go online using the prmation may also be available at the bankruptcy clerk's office.		
exp	duct the expense amounts set out in lines 6-15 regardless of your actual e enses if they are higher than the standards. Do not include any operating C–1, and do not deduct any amounts that you subtracted from your spous	expenses that you subtracted from income in	
If y	our expenses differ from month to month, enter the average expense.		
Not	e: Line numbers 1-4 are not used in this form. These numbers apply to inf	formation required by a similar form used in ch	apter 7 cases.
5.	The number of people used in determining your deductions from in	come	
	Fill in the number of people who could be claimed as exemptions on you plus the number of any additional dependents whom you support. This r the number of people in your household.		
Nat	ional Standards You must use the IRS National Standards to a	nswer the questions in lines 6-7.	
6.	Food, clothing, and other items: Using the number of people you enter Standards, fill in the dollar amount for food, clothing, and other items.	ered in line 5 and the IRS National	\$
7.	Out-of-pocket health care allowance: Using the number of people you the dollar amount for out-of-pocket health care. The number of people is people who are 65 or olderbecause older people have a higher IRS all higher than this IRS amount, you may deduct the additional amount on I	split into two categoriespeople who are und owance for health car costs. If your actual exp	er 65 and

Debtor 1	L	evan Bregadze				Case number (if I	known)		
Peop	ple v	who are under 65 years of age							
	7a.	Out-of-pocket health care allowance per person	\$	55					
	7b.	Number of people who are under 65	Х	1	_				
	7c.	Subtotal. Multiply line 7a by line 7b.	\$	55.00	-	Copy here=>	• \$	55.00	
Peop	ple v	vho are 65 years of age or older							
	7d.	Out-of-pocket health care allowance per person	\$	114					
	7e.	Number of people who are 65 or older	Χ	0	-				
	7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	_	Copy here=>	• \$	0.00	
	7g.	Total. Add line 7c and line 7f			\$	55.00	Со	py total here=:	\$55.00_
Loca	al C#	andards You must use the IRS Local Standards to	a anewo	or the guesti	one in lin	00 9 15			
		n information from the IRS, the U.S. Trustee Prog		•			l for ho	using for	
		tcy purposes into two parts:	ji aiii iid	as divided t	ile ing L	.ocai Standard	1101110	using for	
■н	lous	ing and utilities - Insurance and operating expen	ses						
■н	lousi	ing and utilities - Mortgage or rent expenses							
		er the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also b						ing the link s	specified in the
8.	Hou	using and utilities - Insurance and operating expense dollar amount listed for your county for insurance	nses: ا	Using the nu	ımber of			line 5, fill	470.00
9.	Hou	using and utilities - Mortgage or rent expenses:							
	9a.	Using the number of people you entered in line 5, f listed for your county for mortgage or rent expense		dollar amou	unt		\$	1,106.00	
	9b.	Total average monthly payment for all mortgages a	nd othe	er debts secu	ured by y	our home.			
		To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.							
		Name of the creditor		Average mo payment	nthly				
		-NONE-	\$	S					
		9b. Total average monthly paymer	nt \$	S	0.00	Copy here=>	-\$	0.00	Repeat this amount on line 33a.
	9c.	Net mortgage or rent expense.							
		Subtract line 9b (total average monthly payment) fror rent expense). If this number is less than \$0, ent		9a (mortgaç	ge	\$	1,106.	00 Copy	. \$1,106.00
		ou claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, fil					s incori	rect and	\$0.00

Explain why:

Debtor 1	Levan Bregadze		Case number (# known)
11.	Local transportation expenses: Check the number of vehic	cles for which you claim a	an ownership or operating expense.
	□ 0. Go to line 14.	•	
	■ 1. Go to line 12.		
	_		
40	☐ 2 or more. Go to line 12.	and the mount on a feet by	also Consultations and the thin
12.	<b>Vehicle operation expense:</b> Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for		
13.	<b>Vehicle ownership or lease expense:</b> Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.		
Ve	hicle 1 Describe Vehicle 1: 2019 Jeep Cherokee 13	3,840 miles Latitude	
13a.	Ownership or leasing costs using IRS Local Standard		\$ 508.00
13b.	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.		
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		ıt
	Name of each creditor for Vehicle 1	Average monthly payment	
	Chrysler Capital	\$\$	
	Total Average Monthly Payment	\$458.19	Copy here => -\$ 458.19 Repeat this amount on line 33b.
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0	, enter \$0	Copy net Vehicle 1 expense here => \$ 49.81
Vel	hicle 2 Describe Vehicle 2:		
13d.	Ownership or leasing costs using IRS Local Standard		\$
13e.	Average monthly payment for all debts secured by Vehicle 2 leased vehicles.	. Do not include costs for	r
	Name of each creditor for Vehicle 2	Average monthly payment	
		\$	
	Total average monthly payment	\$	Copy Repeat this amount on line 33c.
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0	, enter \$0	\$ 0.00   Copy net Vehicle 2 expense here => \$ 0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of vehicles		
15.	<b>Additional public transportation expense:</b> If you claimed also deduct a public transportation expense, you may fill in word claim more than the IRS Local Standard for <i>Public Trans</i>	hat you believe is the ap	

Case number (if known)

2/03/20 7:17PM

Chee Necessary Expenses In addition to the expense deductions islated above, you are allowed your monthly oxponess for the following IRS categories.  16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, such as following IRS categories.  17. Involuntary deductions: The total monthly amount that is withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  18. Life insurance: The total monthly promit deductions that your job requires, such as retirement contributions, union dais, and uniform costs.  19. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are illing together, include payments that you make for your spouse's term life insurance.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrate agency, such as spousal or richid support payments.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrate agency, such as spousal or brill support payments.  20. Education: The total monthly amount that you pay for education that is either required:  21. Childcare: The total monthly amount that you pay for education that is either required.  22. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  23. Optional telephone and telephone services: The total monthly amount that you pay for the path and the area required by insurance or pad to the area of the padh and welfare of your or your dependents and that is not enhanced.  24. Additional Expense Deductions  25. Life is not reinbursed by your employer.  26. Do to include pay								
self-employment taxes, social security iaxes, and Medicare taxes. You may include the monthly amount withheid from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheid to pay for taxes.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  Life insurance: The total monthly premiums that you may for your own term life insurance. If the womarried people are filing together, include payments that you make for your spouse's term life insurance. If the own arrived people are filing together, include premiums for life insurance and provide payments. The total monthly amount that you pay as required by the order of a count or administrative agency, such as spoused or child support payments.  Do not include payments on past due obligations for spousal or orthis support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  a so condition for your job, or any elementary or secondary school education.  Do not include payments for any elementary or secondary school education.  Do not include payments for any elementary or secondary school education.  Soliditional health care expenses, excluding insurance costs: The monthly amount that you pay for health insurance or health savings accounts should be listed only in line 25.  21. Childrane: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  Bayments for health insurance or health savings accounts to whether the school in the payment of	Oth				ns listed above	, you are allowed your monthly expenses	s for	
17. Involuntary deductions: The total monthly peyroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life insurance: The total monthly premiums that you pay for your where mile insurance. If two married people are fling together, include perments that you make for your spouse's term life insurance. If two married people are fling together, include perments that you make for your spouse's term life insurance. If two married people are fling together, include perments that you make for your spouse's term life insurance. If two married people are fling together, include payments that you make for your spouse's term life insurance. If two married people are fling together, include payments that the seal of the surance on the flat and the surance or health and well-are of you or your dependents, for a non-fling spouse's life insurance, or for any form of life insurance or peace administrative agency, such as spousal or child support. You will list these obligations in line 35.  800.00  19. Court-ordered payments: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education is available for similar services.  10. Additional health care expenses, exholding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or health savings accounts should be listed only in line 25.  10. Do not include payments for a basic home telephone, internet and cell phone service. Do not include self-employment by a health savings accounts that are reasonably necessary for your dependents or for the production of income, if it is not reimbursed by your employer.  10. Do not include payments for basic home telephone, internet and cel	16.	self-employment taxes, social syour pay for these taxes. Howe and subtract that number from	security taxes, and Medica ever, if you expect to receing the total monthly amount	are taxe	s. You may inc crefund, you m	clude the monthly amount withheld from just divide the expected refund by 12	\$	861.21
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life Insurance. The total monthly premiums that you pay for your own term life insurance. If two married people are lifting opposite in rule and payroments that you make for your spouse's term life insurance. If two married people are lifting opposite in rule and payroments are your dependents. For a non-filling spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  ■ as a condition for your job, or  ■ for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for relative agency or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is equited for the health and venders of you or your dependents and this is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your replayer.  24. Add all of the expenses allowed under the IRS expense allowances.  25. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  26. Health insurance, disability insu	17	•	·	iotiono t	hat varriah ra	quires qual as ratirement	· —	
filing together, include payments that you make for your spouse's term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance or for any form of life insurance or there than term.  3. Courb-ordered payments. The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  5. 0.00  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health aswings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services. The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare of that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  2	17.	contributions, union dues, and uniform costs.						0.00
filing together, include payments that you make for your spouse's term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance or for any form of life insurance or there than term.  3. Courb-ordered payments. The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  5. 0.00  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health aswings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services. The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare of that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  2	18.	Life Insurance: The total mon	thly premiums that you pa	av for vo	ur own term life	e insurance. If two married people are		
administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services.  10.00  11. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  12. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that it is more than the total entered in line 7.  12. Additional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waifing, caller identification, special long distance, or businesse cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  12. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  12. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  12. Health insurance \$ 185.40  13. Supplementally insurance, and health savings accounts expenses. These expenses that you will continue to pay for the reasonable and necessary care and		filing together, include paymen Do not include premiums for lif	its that you make for your e insurance on your depe	spouse	's term life insu	rance.	\$	5.50
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  24. Add all of the expenses allowed under the IRS expense allowances.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  26. Health insurance.  27. Patertin surface.  28. 185.40  29. Do you actually spend this total amount?  29. No. How much do you actually spend?  20. 20. 20. 20. 20. 20. 20. 20. 20. 20.	19.					by the order of a court or		
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■ for your physically or mentally challenged dependent child if no public education is available for similar services.  Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  Childcare: The total monthly amount that you pay for health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances. Rote of the month of the production of include any expenses allowances listed in lines 6-24.  Add ilines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  **Eath insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance, disability insurance, and he	20.	Education: The total monthly a	amount that you pay for e	ducation	n that is either	required:		
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for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  7. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 185.40  Disability insurance  \$ 18.53  Health savings account  + \$ 0.00  Total  \$ 203.93  Copy total here=> \$ 203.93  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  7. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	00	•	· ·				* —	
Add lines 6 through 23.  Add lines 6 through 23.  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 185.40  Disability insurance  \$ 18.53  Health savings account  +\$ 0.00  Total  \$ 203.93  Copy total here=> \$ 203.93  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ \$  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		phone service, to the extent ne income, if it is not reimbursed to Do not include payments for be	ecessary for your health ar by your employer. asic home telephone, intel	nd welfa	re or that of you	our dependents or for the production of rvice. Do not include self-employment	+\$	0.00
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insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 185.40  Disability insurance \$ 18.53  Health savings account +\$ 0.00  Total \$ 203.93 Copy total here=> \$ 203.93  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$	Auc	illional Expense Deductions						
Disability insurance \$ 18.53 Health savings account +\$ 0.00  Total \$ 203.93 Copy total here=> \$ 203.93  Do you actually spend this total amount? No. How much do you actually spend? Yes \$	25.	insurance, disability insurance,					ır	
Health savings account  Total  \$ 203.93 Copy total here=> \$ 203.93  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$		Health insurance		\$	185.40			
Do you actually spend this total amount?  No. How much do you actually spend?  Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Disability insurance		\$	18.53			
Do you actually spend this total amount?  No. How much do you actually spend?  Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Health savings account	+	\$	0.00	_		
No. How much do you actually spend?  Yes  *  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  *  O.00  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Total		\$	203.93	Copy total here=>	\$	203.93
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26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		□ No. How much do you	actually spend?					
continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) \$ 0.00  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Yes		\$				
safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	26.	continue to pay for the reasona your household or member of y	able and necessary care a your immediate family who	and supp o is una	oort of an elder ble to pay for s	ly, chronically ill, or disabled member of uch expenses. These expenses may	\$	0.00
0.00	27.							
			•			22 S. Sand. Isasian and and appropri	\$	0.00

Debtor 1 Levan Bregadze

00101	or 1 Levan Bregadze Case number (if known)				
28.	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance and operating expenses or	n		
	If you believe that you have home energy c 8, then fill in the excess amount of home er	costs that are more than the home energy costs included in expenses on I nergy costs	line		
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show that the additional ary.		\$	0.00
29.		Iren who are younger than 18. The monthly expenses (not more than expendent children who are younger than 18 years old to attend a private of	or		
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain why the amount not already accounted for in lines 6-23.			
	* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment.				0.00
		he monthly amount by which your actual food and clothing expenses are allowances in the IRS National Standards. That amount cannot be more in the IRS National Standards.			
		ional allowance, go online using the link specified in the separate so be available at the bankruptcy clerk's office.			
	You must show that the additional amount of	claimed is reasonable and necessary.		\$	0.00
31.	Continuing charitable contributions. The instruments to a religious or charitable orga	e amount that you will continue to contribute in the form of cash or financial anization. 11 U.S.C. § 548(d)(3) and (4).	al		
	Do not include any amount more than 15%	of your gross monthly income.		\$	0.00
32.	Add all of the additional expense deduct Add lines 25 through 31.	tions.	\$	\$	203.93
Dod	uctions for Debt Payment				
Deal	actions for Debt i ayincin				
33. <b>F</b>	or debts that are secured by an interest	in property that you own, including home mortgages, vehicle			
33. <b>F</b>	For debts that are secured by an interest pans, and other secured debt, fill in lines of calculate the total average monthly paym	ent, add all amounts that are contractually due to each secured			
33. <b>F</b>	For debts that are secured by an interest pans, and other secured debt, fill in lines	ent, add all amounts that are contractually due to each secured		verage i	monthly
33. <b>F</b>	For debts that are secured by an interest pans, and other secured debt, fill in lines of calculate the total average monthly paym reditor in the 60 months after you file for ba	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.	pa		
33. <b>F</b>	For debts that are secured by an interest pans, and other secured debt, fill in lines of calculate the total average monthly paym reditor in the 60 months after you file for ba	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.	pa		
33. <b>F</b>	For debts that are secured by an interest pans, and other secured debt, fill in lines or calculate the total average monthly paymereditor in the 60 months after you file for ba Mortgages on your home  Copy line 9b here  Loans on your first two vehicles	a 33a through 33e.  ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.	\$ .		
33. <b>F</b>	For debts that are secured by an interest bans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for ba Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here	a 33a through 33e.  ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.	\$ \$		0.00
33. <b>F</b> lo 33a.	For debts that are secured by an interest bans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for band of Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.	\$ \$		0.00
33. F 10 33a. 33a. 33b. 33c. 33d.	For debts that are secured by an interest bans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for ba Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here	a 33a through 33e.  ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.	pa \$		0.00
33. F 10 33a. 33a. 33b. 33c. 33d.	For debts that are secured by an interest bans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for ba Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:	a 33a through 33e.  ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.  =>  Identify property that secures the debt  Does payment include taxes	pa \$		0.00
33. F 10 33a. 33a. 33b. 33c. 33d.	For debts that are secured by an interest bans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for ba Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:	a 33a through 33e.  ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.  =>  Identify property that secures the debt  Does payment include taxes or insurance?	pa \$		0.00
33. F 10 33a. 33a. 33b. 33c. 33d.	For debts that are secured by an interest bans, and other secured debt, fill in lines or calculate the total average monthly paymereditor in the 60 months after you file for band of Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	a 33a through 33e.  ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.  =>  Identify property that secures the debt  Does payment include taxes or insurance?  No  Yes	\$ \$ \$ \$		0.00
33. F 10 33a. 33a. 33b. 33c. 33d.	For debts that are secured by an interest bans, and other secured debt, fill in lines or calculate the total average monthly paymereditor in the 60 months after you file for band of Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	a 33a through 33e.  ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.  =>  Identify property that secures the debt  Does payment include taxes or insurance?  No  Yes  No	\$ \$ \$ \$ \$		0.00
33. F 10 33a. 33a. 33b. 33c. 33d.	For debts that are secured by an interest bans, and other secured debt, fill in lines or calculate the total average monthly paymereditor in the 60 months after you file for band of Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	a 33a through 33e.  ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.  =>  Identify property that secures the debt  Does payment include taxes or insurance?  No  Yes	\$ \$ \$ \$		0.00
33. F 10 33a. 33a. 33b. 33c. 33d.	For debts that are secured by an interest bans, and other secured debt, fill in lines or calculate the total average monthly paymereditor in the 60 months after you file for band of Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	a 33a through 33e.  ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.  =>  Identify property that secures the debt  Does payment include taxes or insurance?  No  Yes  No	\$ \$ \$ \$ \$		0.00
33. F 10 33a. 33a. 33b. 33c. 33d.	For debts that are secured by an interest bans, and other secured debt, fill in lines or calculate the total average monthly paymereditor in the 60 months after you file for band of Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	a 33a through 33e.  ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.  =>  Identify property that secures the debt  Does payment include taxes or insurance?  No Yes  No Yes	\$ \$ \$ \$ \$		0.00
33. F 10 33a. 33a. 33b. 33c. 33d.	For debts that are secured by an interest bans, and other secured debt, fill in lines or calculate the total average monthly paymereditor in the 60 months after you file for band of Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	a 33a through 33e.  ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.	\$ \$ \$ \$ \$		0.00

Debtor 1	Leva	an Bregadze			Case	numl	ber (if known)			
	•	debts that you listed in line property necessary for you		•	•	,				
ı	No	Go to line 35.								
		State any amount that you listed in line 33, to keep por Next, divide by 60 and fill in	ssession of your property							
Nan	ne of the	creditor	Identify property that se	ecures the debt		Tota	I cure amount		Monthly o	ure
-No	ONE-				\$			÷ 60 = \$		
					Total	\$	0.00	Copy total	Φ.	0.00
					Total	<u> </u>		nere	=>	
		owe any priority claims - su due as of the filing date of				at				
[	□ No.	Go to line 36.								
ı	Yes.	Fill in the total amount of al ongoing priority claims, suc			e current or					
		Total amount of all past-d	ue priority claims		,	\$	6,215.00	÷ 6	0 \$	103.58
36. <b>F</b>	Projecte	d monthly Chapter 13 plan	payment		;	\$	635.00			
t T	Office of he Exec o find a l	nultiplier for your district as s the United States Courts (for utive Office for United States ist of district multipliers that inclu nstructions for this form. This list	r districts in Alabama and Trustees (for all other d des your district, go online u	North Caroling istricts).  Ising the link specifies	na) or by ecified in the	×	6.00			
A	verage	monthly administrative expe	nse			\$	38.10	Copy to		38.10
37.		of the deductions for debtes 33e through 36.	payment.						\$	599.87
Tota	l Deduc	tions from Income								
38. <b>/</b>	Add all d	of the allowed deductions.								
		ne 24, All of the expenses all e allowances	owed under IRS	\$	4,468.69	_				
	Copy lir	ne 32, All of the additional ex	pense deductions	\$	203.93	_				
	Copy lir	ne 37, All of the deductions fo	or debt payment	+\$	599.87					
	Total de	eductions		\$	5,272.49		Copy total here=>		\$	5,272.49
	. Otal ut	/aaa.ioi io		Ψ	-,	_   '	copy total neig-2		Ψ	-,

otor 1	Lev	an Bregad	ze			Case	number (if kn	nown)		
t <b>2</b> :	De	termine You	ır Disposable Income Under 11 U.S.C. § 132	25(b)(2	2)					
			rent monthly income from line 14 of Form 1 Current Monthly Income and Calculation of						\$	5,211.59
ch dis red	nildren sability ceived	The month payments for in accordan	ly necessary income you receive for supporty average of any child support payments, fost or a dependent child, reported in Part I of Formice with applicable nonbankruptcy law to the extended for such child.	er car	re payments, o C-1, that you	r	\$	0.	00_	
en in	nploye 11 U.S	r withheld fro S.C. § 541(b)	etirement deductions. The monthly total of all m wages as contributions for qualified retirem (7) plus all required repayments of loans from . § 362(b)(19).	ent pla	ans, as specifi		\$	0.	00	
2. <b>To</b>	tal of	all deductio	ns allowed under 11 U.S.C. § 707(b)(2)(A).	Сору I	line 38 here	=>	\$	5,272.	49	
ex the	pense eir exp	s and you ha enses. You r	al circumstances. If special circumstances ju ave no reasonable alternative, describe the spe must give your case trustee a detailed explana ocumentation for the expenses.	ecial c	circumstances	and				
escr	ibe th	e special cir	cumstances		Amount of ex	pen	se			
				\$						
				\$						
				_ \$						
			Total	\$	0.00	)	Copy here=> \$		0.00	
4. <b>T</b> o	otal ad	ljustments. /	Add lines 40 through 43.		=>	\$	5,2	272.49	Copy here=> -\$	5,272.49
5 Ca	alculat	e vour mon	thly disposable income under § 1325(b)(2).	Subtr	act line 44 from	m lin	a 30		·	-60.90
o. <b>O</b> c	_	ic your mon	tiny disposable moonie under 3 1020(b)(2).	Oubti	act line 44 noi		J 55.		\$	
t 3:	Ch	ange in Inco	ome or Expenses							
ha tim yo	ave cha ne you ou filed	anged or are r case will be your petition	or expenses. If the income in Form 122C-1 or virtually certain to change after the date you fixed open, fill in the information below. For example, check 122C-1 in the first column, enter line 2 in when the increase occurred, and fill in the a	led you le, if the in the	our bankruptcy he wages repo e second colur	peti orted nn, e	tion and d increased	luring the d after		
orm		Line	Reason for change		Date of chan	ige	Increa		Amount of	change
■ 122 <b>□</b> 122		10	Backed out one-time IRA withdrawal		2/20			crease ecrease	\$	9.67
122	2C-1		Alimony Payments end with the			1		crease		
■ 122 <b>]</b> 122	2C-2 2C-1	19	payment due 2/1/2021		3/1/202	1		ecrease crease	\$	800.00
<b>]</b> 122	2C-2						_ De	ecrease	\$	
122								crease	œ.	
<b>]</b> 122	2C-2						<b>∟</b> De	ecrease	\$	

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 66 of 73

Debtor 1	Levan Bregadze	Case number (if known)
Part 4:	Sign Below	
E	By signing here, under penalty of perjury you declare th	at the information on this statement and in any attachments is true and correct.
x	/s/ Levan Bregadze	
	Levan Bregadze	<del></del>
	Signature of Debtor 1	
	February 3, 2020	
	MM / DD / YYYY	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy\_form

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 71 of 73

B2030 (Form 2030) (12/15)

## United States Bankruptcy Court Eastern District of North Carolina

In re	Levan Bregadze		Case No.						
		Debtor(s)	Chapter	13					
	DISCLOSURE OF COMPENSA	ATION OF ATTOI	RNEY FOR DE	CBTOR(S)					
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:								
	For legal services, I have agreed to accept		\$	6,500.00					
	Prior to the filing of this statement I have received		\$	575.00					
	Balance Due		\$	5,925.00					
2.	The source of the compensation paid to me was:								
	■ Debtor □ Other (specify):								
3.	The source of compensation to be paid to me is:								
	■ Debtor □ Other (specify):								
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.								
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.								
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:								
<ul><li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in b</li><li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li><li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li><li>d. [Other provisions as needed]</li></ul>									
6.	By agreement with the debtor(s), the above-disclosed fee doe Representation of the Debtor(s) in any actio discharge of a particular debt of the Debtor(student loans, tax advise, or credit repair.	n or proceeding object	ting to the Debtor(	s) discharge, objecting to the to discharge the Debtor(s)					
	Cl	ERTIFICATION							
	I certify that the foregoing is a complete statement of any agreankruptcy proceeding.	reement or arrangement for	payment to me for re	epresentation of the debtor(s) in					
F	ebruary 3, 2020	/s/ William G. Bei	raaren						
	Date	William G. Berggren 18675							
		Signature of Attorne Berggren Law Of							
		P.O. Box 18306							
		Raleigh, NC 2761	9 <sup>-</sup> ax: (919) 875-0882	•					
		wgb@raleighban		<u>.</u>					
		Name of law firm							

Case 20-00475-5-DMW Doc 1 Filed 02/03/20 Entered 02/03/20 19:20:50 Page 72 of 73

### **United States Bankruptcy Court Eastern District of North Carolina**

In re	Levan Bregadze		Debtor(s)	Case No. Chapter	13	
	•	ERIFICATION (	OF CREDITOR N	R MATRIX		
Γhe abo	ove-named Debtor hereby ve	erifies that the attached list	of creditors is true ar	nd correct to the best	of his/her knowledge	ē.

/s/ Levan Bregadze
Levan Bregadze
Signature of Debtor

Date: February 3, 2020

Branch Attn: Officer

301 S 4th Ave. #960N Minneapolis, MN 55415

Bridge IT, Inc. Attn: Officer

245 5th Ave 15th Floor, Ste. 1502

New York, NY 10016

Bridgeport TT, LLC 4101 Lake Lynn Drive Raleigh, NC 27613

Capital One Attn: Officer PO Box 30285

Salt Lake City, UT 84130-0285

Capital One Attn: Officer 4851 Cox Road Glen Allen, VA 23060

CBW Bank Attn: Officer 109 E. Main St. Weir, KS 66781

Chrysler Capital Attn: Officer PO Box 961278 Fort Worth, TX 76161-1278

Comenity Bank Attn: Officer PO Box 182125

Columbus, OH 43218-2125

Comenity Capital Bank Attn: Officer 2795 Cottonwoon Pkwy., Ate. 100 Salt Lake City, UT 84121 Cross River Bank Attn: Officer 885 Teaneck Road Teaneck, NJ 07666

Dave Inc. Attn: Officer

1265 S. Cochran Ave. Los Angeles, CA 90019

Deserve Attn: Officer PO Box 1286 Menlo Park, CA 94026

Discover Card Attn: Officer PO Box 30943 Salt Lake City, UT 84130

Can Lane Gro, Gr Grid

Earnin Attn: Officer 6070 Poplar Ave., 2nd FI Memphis, TN 38119

Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346

LendingClub Attn: Officer 595 Market Street, Suite 200 San Francisco, CA 94105

Merrick Bank Attn: Officer PO Box 9201 Old Bethpage, NY 11804-9001

Merrick Bank Attn: Officer 10705 S Jordan Gateway, Ste. 200 South Jordan, UT 84095 Minto Money Attn: Officer PO Box 58112 Minto, AK 99758

N.C. Dept of Revenue

Office Service Div. Bankruptcy Unit

PO Box 1168

Raleigh, NC 27602-1168

Rani Britto & Vinu Vainateya 3313 Roller Mill Ct.

Raleigh, NC 27607

Rosebud Lending LZO d/b/a ZocoLo

Attn: Officer

PO Box 1147, 27565 Research PaD

Mission, SD 57555

Synchrony Bank Attn: Officer PO Box 965060

Orlando, FL 32896-5060

Synchrony Bank Attn: Officer

170 West Election Rd., Ste. 125

Draper, UT 84020

Victoria Ann Taylor 22204 Havers Drive Cary, NC 27518

Victoria Taylor 22204 Havers Drive Cary, NC 27518

WakeMed Attn: Officer PO Box 29516 Raleigh, NC 27626